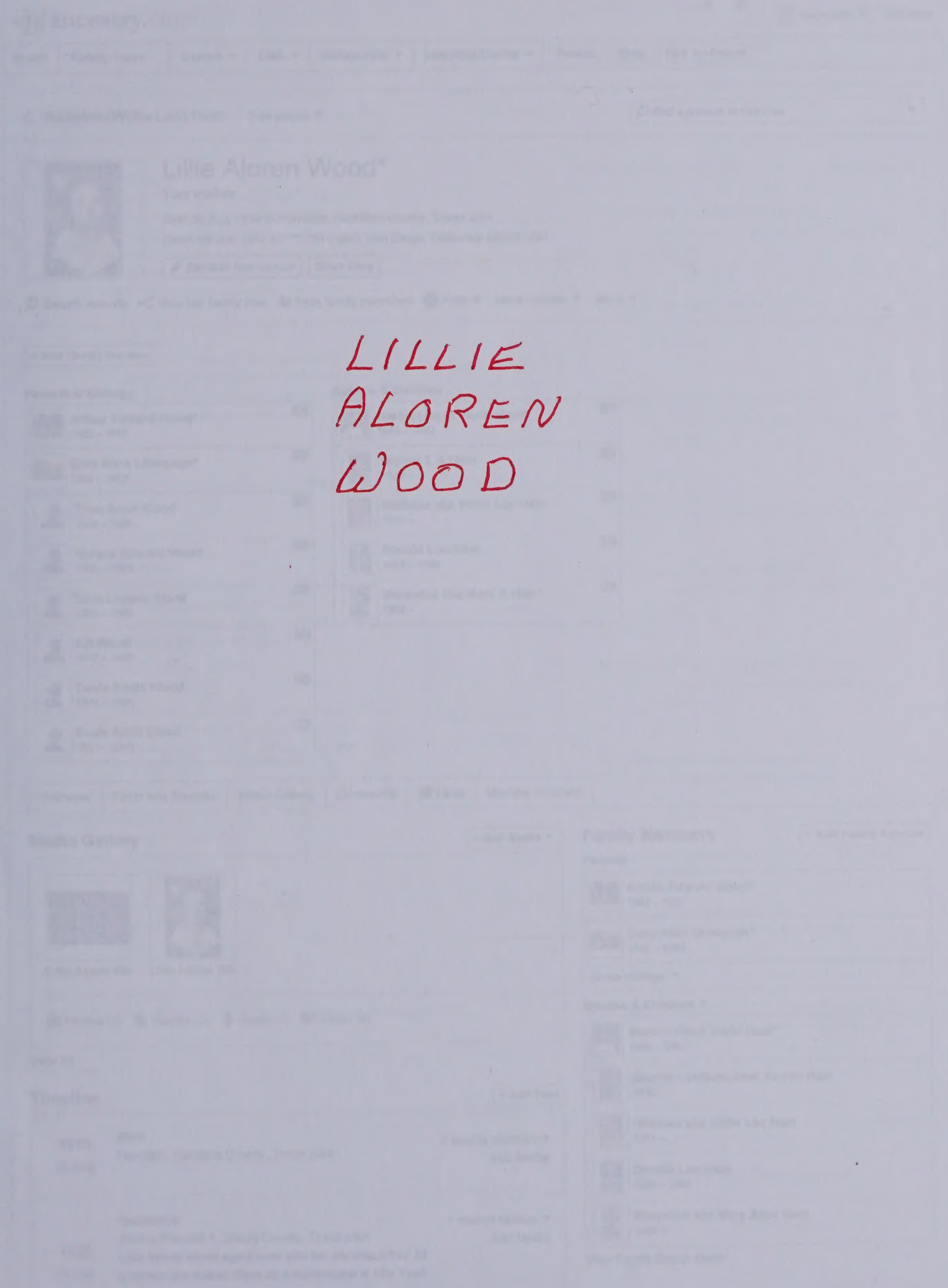

Lillie Aloren Wood*

Your mother

LILLIE
ALOREN
WOOD

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< **Willielee (Willie Lee) Ham** Tree pages ▾ find a person in this tree ▾

Lillie Aloren Wood*

Your mother

Birth 30 Aug 1910 in Hamilton, Hamilton County, Texas USA

Death 06 Jun 1977 in ******El Cajon, San Diego, California 92020 USA

EditEdit this person | Story View

Search records | View her family tree | Hide family members | Print ▾ | More options ▾ | More ▾

+ Add Family Member

Parents & Siblings

- **Arthur Edward Wood*** 1882 – 1957
- **Dora Alice Littlepage*** 1886 – 1953
- **Theo Arvel Wood** 1904 – 1986
- **Horace Edward Wood** 1906 – 1993
- **Dora Lavada Wood** 1909 – 1949
- **AD Wood** 1912 – 1992
- **Dovie Perlis Wood** 1914 – 1994
- **Essie Edith Wood** 1917 – 2010

Spouse & Children

- **Herbert Reed 'Herb' Ham*** 1903 – 1982
- **Bennie L A Ham** 1930 –
- **Willielee aka Willie Lee Ham** 1931 –
- **Donald Lou Ham** 1935 – 1998
- **Maryalice aka Mary A Ham** 1938 –

Overview | Facts and Sources | Media Gallery | Comments | Hints | Member Connect

Media Gallery

+ Add Media ▾

Lillie Aloren Wo

Lillie Aloren Wo

Photos (2) Stories (0) Audio (0) Video (0)

View All

Timeline

+ Add Fact

1910 30 Aug	**Birth** Hamilton, Hamilton County, Texas USA	6 source citations ▾ Add Media
1920 21 Feb	**Residence** Justice Precinct 1, Scurry County, Texas USA Lillie Aloren Wood age 9 lived with her parents Arthur 37 a farmer and mother Dora 35 a homemaker & sibs Theo	1 source citation ▾ Add Media

Family Members

+ Add Family Member

Parents

- **Arthur Edward Wood*** 1882 – 1957
- **Dora Alice Littlepage*** 1886 – 1953

Show siblings ▾

Spouse & Children ▾

- **Herbert Reed 'Herb' Ham*** 1903 – 1982
- **Bennie Lee/Bennielee Aloren Ham** 1930 –
- **Willielee aka Willie Lee Ham** 1931 –
- **Donald Lou Ham** 1935 – 1998
- **Maryalice aka Mary Alice Ham** 1938 –

View Family Group Sheet

Age: 9	37, Horace 13, Lavada 10, AD 7, Dovie 05 & essie 3, all born in Texas.	
1929 22 May *Age: 18*	**Marriage to Herbert Reed 'Herb' Ham*** Clarendon, Donley County, Texas USA Married on the Court House Steps at closing time.	1 source citation ▼ Add Media
1930 *Age: 20*	**Residence** Ventura, Ventura County, California USA Husband worked as a "Roustabout" at an oil field in Ocean Beach, California. Was the head of household including wife Lillie age 20. Boarders, Robert Boberton 50, Elmer Johnston 24, Wesley M 31, Abe Lon 29, Benqt Siostrom 62, Jessie A Beury 34, Elmer 29.	1 source citation ▼ Add Media
1938 *Age: 28*	**Residence** El Cajon, San Diego County, California USA California, Voter Registrations, 1900-1968 ------------- Ham, Mrs Lillie - Rt 2, El Cajon, housewife. Was a democrat. Husband was a farmer.	1 source citation ▼ Add Media
1940 1 Apr *Age: 29*	**Residence** San Diego, San Diego County, California USA	1 source citation ▼ Add Media
1947 *Age: 37*	**Residence** San Diego, San Diego County, California USA San Diego, California City Directory --------------------Ham, Herbert R (Lillie A), husband was a Plumber, home 4104 Broadway.	1 source citation ▼ Add Media
1977 6 Jun *Age: 66*	**Death** ******El Cajon, San Diego, California 92020 USA Death Certificate-Cause of death was Leukemia, Passed away on the sixth instead of the 30th of Jun. Data from daughter of Lillie.	3 source citations ▼ Add Media

Social Security Number
557-18-4505 California before 1951
Add Media

Burial
San Diego, San Diego County, California USA
Greenwood Memorial Park
Add Media

Occupation
San Diego & El Cajon & Santee, San Diego County, California USA
1942 to 1945 works for Solar Aircraft Company and was a Nurse's aide until retirement.
Add Media

View Details

Comments

+ Add Comment

No comments have been added yet.

Member Connect

+ Add Connection

You have not connected with other Ancestry members researching Lillie Aloren Wood* yet. Learn more.

Source Information

Search Records

1920 United States Federal Census
2 citations provide evidence for Name, Birth, Residence

1930 United States Federal Census
1 citation provides evidence for Name, Birth, Residence

1940 United States Federal Census
1 citation provides evidence for Name, Birth, Residence

Ancestry Family Trees
2 citations provide evidence for (Lillie Aloren Wood*)

California, Death Index, 1940-1997
1 citation provides evidence for Name, Birth, Death

California, Voter Registrations, 1900-1968
1 citation provides evidence for Name, Residence

Family Data Collection - Marriages
1 citation provides evidence for Marriage

OneWorldTree
1 citation provides evidence for Name, Birth, Death

U.S. City Directories, 1821-1989
1 citation provides evidence for Name, Residence

U.S., Social Security Death Index, 1935-Current
2 citations provide evidence for Name, Birth, Death

View All Sources

Web Links

+ Add Link

No web links have been added yet.

Search The Web For Lillie Aloren Wood*

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Willielee (Willie Lee) Ham (view tree info)

Herbert Reed Ham

Parents: George Dallas Ham & Mary Lorene Gibbs

Birth:	26 Feb 1903 Comanche, Comanche County, TX USA
Death:	19 Jul 1982 El Cajon, San Diego County, CA USA

Lillie Aloren Wood

Parents: Arthur Edward Wood & Dora A Littlepage

Birth:	30 Aug 1910 Hamilton, Hamilton County, TX USA
Death:	06 Jun 1977 San Diego, San Diego County, CA USA

Marriage — 22 May 1929 in Clarendon, Donley County, TX USA Edit

Children

Add a child

Name	Sex	Birth
Bennielee Aloren Ham	F	24 Aug 1930 in Clarendon, Donley County, TX USA
Willielee (Willie L Ham	F	19 Nov 1931 in Clarendon, Donley County, TX USA
Donald Lou Ham	M	19 Apr 1935 in San Diego, California
Maryalice (Mary A Ham	F	19 Apr 1938 in San Diego, San Diego County, CA USA

Relationship Events (for example, marriage, divorce, etc.)

Add a new life event

Marriage	22 May 1929 in Clarendon, Donley County, TX USA

Ancestry.com
Discover Your Family Story

Evaluate source record about Herbert Reed Ham

Look at this record and see if it really is about Herbert Reed Ham. If it is, save it to him/her in your tree.

PERSON IN YOUR TREE

Name: Herbert Reed Ham
Birth: 26 Feb 1903 - Comanche, Comanche County, TX USA
Death: 19 Jul 1982 - San Diego, San Diego County, CA USA

California Death Index, 1940-1997

Name:	**HAM, HERBERT REED**
Social Security #:	548145304
Sex:	MALE
Birth Date:	26 Feb 1903
Birthplace:	TEXAS
Death Date:	19 Jul 1982
Death Place:	SAN DIEGO
Mother's Maiden Name:	GIBBS
Father's Surname:	

Source Citation: Place: *SAN DIEGO*; Date: *19 Jul 1982*; Social Security: *548145304*.

Source Information:
Ancestry.com. *California Death Index, 1940-1997* [database on-line]. Provo, UT, USA: MyFamily.com, Inc., 2000. Original data: State of California. *California Death Index, 1940-1997*. Sacramento, CA, USA: State of California Department of Health Services, Center for Health Statistics.

Description:
This database is an index to the death records in State of California, USA, from 1940 through 1997. The database provides such valuable information as first, last and middle names of the descendants, birth dates, mother's maiden name, father's last name, sex, birth place, death place, residence at time of death, death date, social security number (when available), and the age of the individual when they died.
Learn more...

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Back

Choose information to add into your tree

Learn more about merging the information from this record into your family tree.

Herbert Reed Ham

	Your Tree	**California Death Index, 1940-1997 Record**	Merge as:	**Your updated tree**
Name:	Herbert Reed Ham	HERBERT REED HAM	Add Source Only ▾	HERBERT REED HAM
Birth:	26 Feb 1903 TEXAS *(alternate)*	26 Feb 1903 TEXAS	Add Source Only ▾	26 Feb 1903 TEXAS *(alternate)*
Death:	19 Jul 1982 SAN DIEGO, California *(alternate)*	19 Jul 1982 SAN DIEGO, California	Add Source Only ▾	19 Jul 1982 SAN DIEGO, California *(alternate)*

Hide source information for California Death Index, 1940-1997

Source

Name: California Death Index, 1940-1997
Author: Ancestry.com
Publisher: - Provo, UT, USA: The Generations Network, Inc., 2000. - State of California. California Death Index, 1940-1997. Sacramento, CA, USA: State of California Department of Health Services, Center for Health Statistics.: State of California. California Death Index, 1940-1997. Sacramento, CA, USA: State of California Department of Health Services, Center for Health Statistics.
Call Number:
Notes:
REFN:
Repository: Ancestry.com
360 West 4800 North, Provo, UT 84604

Citation

Detail:
Date:
Notes: http://search.ancestry.com/cgi-bin/sse.dll?db=cadeath1940&h=3025528&ti=0&indiv=try
Actual Text: Name: HERBERT REED HAM
Birth: 26 Feb 1903
TEXAS
Death: 19 Jul 1982
SAN DIEGO, California
Web address: http://search.ancestry.com/cgi-bin/sse.dll?db=cadeath1940&h=3025528&ti=0&indiv=try

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Willielee (Willie Lee) Ham (view tree info)

Home Person | Person | Family | **Tree** | Index

✉ **Share my tree**

Edit person | Print | Find records | Find a person in tree | Go

- **Herbert Reed Ham**
  B: 26 Feb 1903
  D: 19 Jul 1982
  Go to person view
  - George Dallas Ham
    - William A Ham
      - Joel W Ham
        - + Add Father
        - + Add Mother
      - Nancy Gilbert
        - + Add Father
        - + Add Mother
    - Margret E Martin
      - Henry Martin, Sr.
        - Nathaniel R Martin
        - Frances Turner
      - Ellender Dooley
        - William Dooley
        - Will Wife Dooley
  - Mary Lorene Gibbs
    - James Cannon Gib
      - John H Gibbs
        - Nicholas Gibbs
        - Rebecca S Doyle
      - + Add Mother
    - Sarah L Hixson
      - James Hixson
        - + Add Father
        - + Add Mother
      - + Add Mother

◀ Choose a spouse or child

HELPFUL HINTS

- To see detailed information for a person, click on the person tab at the top of the tree or click on the "Go to person view" link near the person's name.
- To navigate up and down the tree, click on the arrows on the right of the tree to go back another generation, or click on the arrow at the left of the tree to choose a child of the person in the primary position.
- You can get back to the Home Person at any time by clicking on the "Home Person" link at the top of the tree.

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Welcome, **WillieleeBrown** Log Out My Account Help

Return to Herbert Reed Ham

Willielee (Willie Lee) Ham (view tree info)

Home Person **Person** Family Tree Index

Share my tree

Herbert Reed Ham

All Sources

Add a new source

Source

1910 United States Federal Census (view record)

- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Name)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Birth)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Residence)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Name)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Birth)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Name)*
- Year: 1910; Census Place: Justice Precinct 5, Comanche, Texas; Roll: T624_1541; Page: 10A; Enumeration District: 11; Image: 371. *(Birth)*

1920 United States Federal Census (view record)

- Year: 1920; Census Place: Justice Precinct 2, Cottle, Texas; Roll: T625_1788; Page: 9A; Enumeration District: 37; Image: 493. *(Name)*
- Year: 1920; Census Place: Justice Precinct 2, Cottle, Texas; Roll: T625_1788; Page: 9A; Enumeration District: 37; Image: 493. *(Birth)*
- Year: 1920; Census Place: Justice Precinct 2, Cottle, Texas; Roll: T625_1788; Page: 9A; Enumeration District: 37; Image: 493. *(Residence)*
- Year: 1920; Census Place: Justice Precinct 2, Cottle, Texas; Roll: T625_1788; Page: 9A; Enumeration District: 37; Image: 493. *(Name)*

1930 United States Federal Census (view record)

- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0. *(Name)*
- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0. *(Birth)*
- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0. *(Residence)*

- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0.
- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0.
- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0.
- Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration District: 33; Image: 1157.0.

1930 United States Federal Census (view record)

- Citation

Ancestry World Tree (view record)

- Citation

Ancestry World Tree (view record)

- Citation

California Death Index, 1940-1997 (view record)

- Citation *(Name)*
- Citation *(Birth)*
- Citation *(Death)*
- Citation
- Citation
- Citation
- Citation
- Citation
- Citation

Social Security Death Index (view record)

- Number: 548-14-5304; Issue State: California; Issue Date: Before 1951. *(Name)*
- Number: 548-14-5304; Issue State: California; Issue Date: Before 1951. *(Birth)*
- Number: 548-14-5304; Issue State: California; Issue Date: Before 1951. *(Death)*
- Number: 548-14-5304; Issue State: California; Issue Date: Before 1951.

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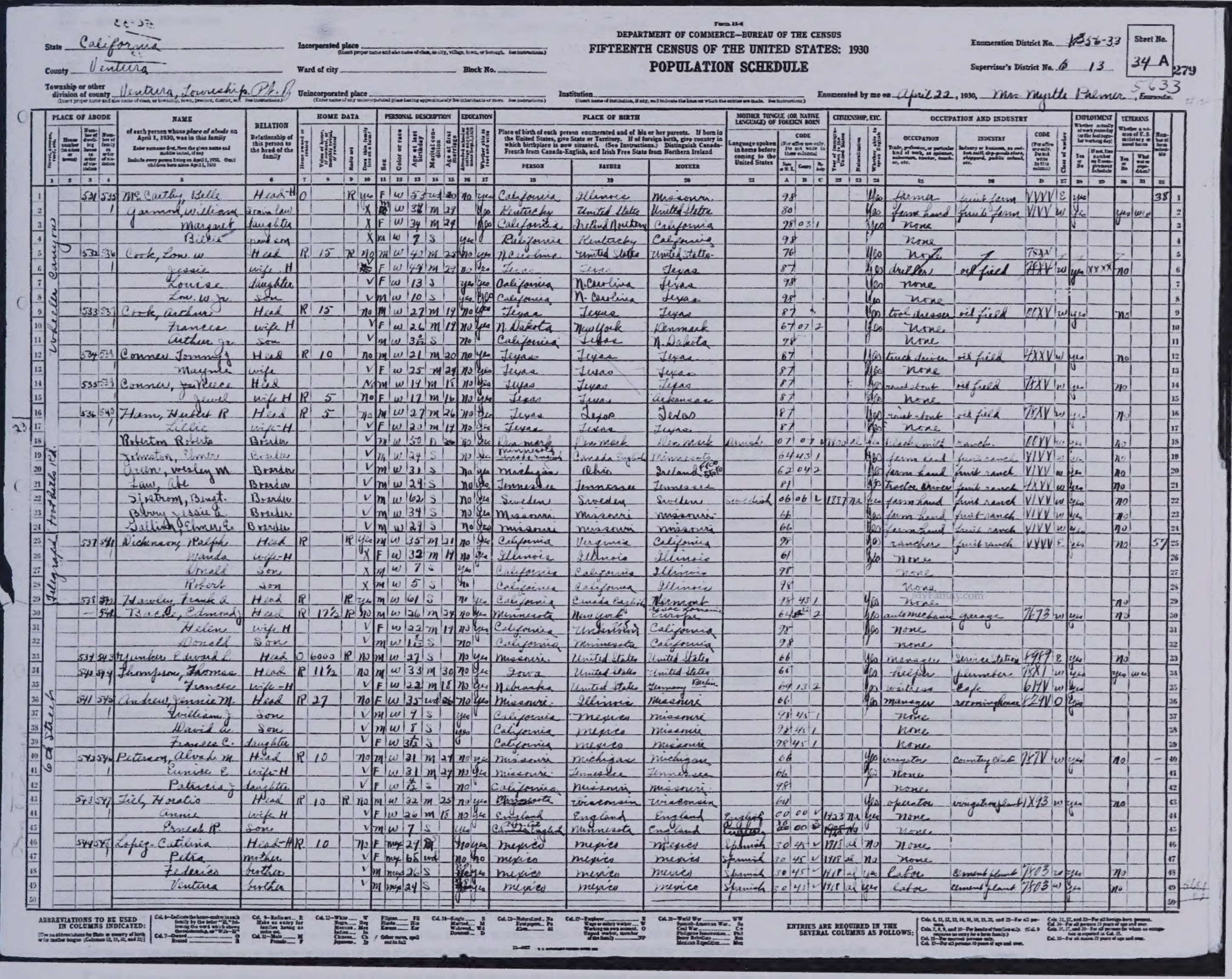


Form 15-6

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State California

County Ventura

Township or other division of county Ventura, Township, Pct. B

Incorporated place

Ward of city

Block No.

Unincorporated place

Institution

Enumeration District No. 56-33

Supervisor's District No. 6 13

Sheet No. 34 A

279

5633

Enumerated by me on April 22, 1930, Mrs. Myrtle Palmer, Enumerator.

Line	Street	House number	Dwelling no.	Family no.	Name	Relation	Home owned or rented	Value or rental	Radio set	Farm	Sex	Color or race	Age	Marital condition	Age at first marriage	Attended school	Read and write	Birthplace: Person	Birthplace: Father	Birthplace: Mother	Language spoken before coming to U.S.	Code A	Code B	Code C	Year of immigration	Naturalization	Speak English	Occupation	Industry	Code D	Class of worker	At work	Line no. unemployment schedule	Veteran	What war	No. of farm schedule
1	Wheeler Canyon		531	535	McCarthy, Belle	Head-H	O		R	yes	F	W	53	wd	20	no	yes	California	Illinois	Missouri		98					yes	farmer	fruit farm	VVVV	E	yes				38
2				1	Garmond, William	Son in law				X	M	W	38	M	29		yes	Kentucky	United States	United States		80					yes	farm hand	fruit farm	VIVV	W	yes		yes	WW	
3					Margaret	daughter				X	F	W	34	M	24		yes	California	Ireland Northern	California		98	03	1			yes	None								
4					Billie	grandson				X	M	W	7	S		yes		California	Kentucky	California		98						None								
5			532	536	Cook, Lon W	Head	R	15	R	no	M	W	42	M	25	no	yes	N. Carolina	United States	United States		76					yes	None		75XV						
6				1	Jessie	wife H					F	W	49	M	29	no	yes	Texas	Texas	Texas		87					yes	driller	oil field	7XXV	W	yes	XXXX	no		
7					Louise	daughter				V	F	W	13	S		yes	yes	California	N. Carolina	Texas		98					yes	none								
8					Lon W. Jr.	son				V	M	W	10	S		yes	yes	California	N. Carolina	Texas		98					yes	none								
9			533	537	Cook, Arthur	Head	R	15		no	M	W	27	M	19	no	yes	Texas	Texas	Texas		87					yes	tool dresser	oil field	0XXV	W	yes		no		
10				1	Francis	wife H				V	F	W	26	M	19	no	yes	N. Dakota	New York	Denmark		67	07	2			yes	None								
11					Arthur Jr.	son				V	M	W	3 2/12	S		no		California	Texas	N. Dakota		98						None								
12			534	538	Conner, Tommy J	Head	R	10		no	M	W	21	M	20	no	yes	Texas	Texas	Texas		87					yes	truck driver	oil field	7XXV	W	yes		no		
13				1	Maggie	wife				V	F	W	25	M	24	no	yes	Texas	Texas	Texas		87					yes	None								
14			535	539	Conner, J. Reece	Head				No	M	W	19	M	18	no	yes	Texas	Texas	Texas		87					yes	roust-about	oil field	7XXV	W	yes		no		
15				1	Jewel	wife H	R	5		No	F	W	17	M	16	no	yes	Texas	Texas	Arkansas		87					yes	None								
16			536	540	Ham, Hubert R	Head	R	5		no	M	W	27	M	26	no	yes	Texas	Texas	Texas		87					yes	roust-about	oil field	7XXV	W	yes		no		
17				1	Lillie	wife-H				V	F	W	20	M	19	no	yes	Texas	Texas	Texas		87					yes	None								
18	Foothills Rd.				Robertson, Roberts	Boarder				V	M	W	50	D	[illegible]	no	yes	Denmark	Denmark	Denmark	Danish	07	07	[illegible]	[illegible]	[illegible]	yes	blacksmith	ranch	0OVV	W	yes		no		
19					Johnston, Elmer	Boarder				V	M	W	24	S		no	yes	Minnesota	Canada English	Minnesota		64	43	1			yes	farm hand	fruit ranch	VIVV	W	yes		no		
20					Green, Wesley M	Boarder				V	M	W	31	S		no	yes	Michigan	Ohio	Ireland Free State		62	04	2			yes	farm hand	fruit ranch	VIVV	W	yes		no		
21					Law, Abe	Boarder				V	M	W	29	S		no	yes	Tennessee	Tennessee	Tennessee		81					yes	tractor driver	fruit ranch	4XVV	W	yes		no		
22					Sjostrom, Bengt.	Boarder				V	M	W	62	S		no	yes	Sweden	Sweden	Sweden	Swedish	06	06	2	1887	Na	yes	farm hand	fruit ranch	VIVV	W	yes		no		
23					Bleny, Jessie E.	Boarder				V	M	W	34	S		no	yes	Missouri	Missouri	Missouri		66					yes	farm hand	fruit ranch	VIVV	W	yes		no		
24					Gallisch, Elmer E.	Boarder				V	M	W	29	S		no	yes	Missouri	Missouri	Missouri		66					yes	farm hand	fruit ranch	VIVV	W	yes		no		
25	Telegraph		537	541	Dickinson, Ralph	Head	R		R	yes	M	W	35	M	21	no	yes	California	Virginia	California		98					yes	rancher	fruit ranch	VVVV	E	yes		no		57
26				1	Wanda	wife-H				X	F	W	32	M	19	no	yes	Illinois	Illinois	Illinois		61					yes	None								
27					Donald	son				X	M	W	7	S		yes		California	California	Illinois		98						None								
28					Robert	son				X	M	W	5	S		no		California	California	Illinois		98						None								
29			538	[illegible]	Hawley, Frank A	Head	R		R	yes	M	W	61	S		no	yes	California	Canada English	Vermont		98	43	1			yes	None						no		
30	6th Street		—	542	Bache, Edmund J	Head	R	17½	R	no	M	W	26	M	24	no	yes	Minnesota	New York	Roumania Europe		64	[illegible]	2			yes	automechanic	garage	7673	W	yes		no		
31					Helen	wife H				V	F	W	22	M	17	no	yes	California	Unknown	California		98					yes	None								
32					Donald	Son				V	M	W	1 8/12	S		no		California	Minnesota	California		98						None								
33			539	543	Yunker, Edward L.	Head	O	6000	R	no	M	W	27	S		no	yes	Missouri	United States	United States		66					yes	manager	Service station	4989	E	yes		no		
34			540	544	Thompson, Thomas	Head	R	11½		no	M	W	33	M	30	no	yes	Iowa	United States	United States		66					yes	helper	plumber	78X1	W	yes		yes	WW	
35					Frances	wife-H				V	F	W	22	M	18	no	yes	Nebraska	United States	Germany Berlin		69	13	2			yes	waitress	Cafe	6I4V	W	yes				
36			541	545	Andrew, Jennie M.	Head	R	27		no	F	W	35	wd	[illegible]	no	yes	Missouri	Illinois	Missouri		66					yes	manager	rooming house	824V	O	yes				
37				1	William J	son				V	M	W	9	S		yes		California	Mexico	Missouri		98	45	1				None								
38					David A.	son				V	M	W	8	S		yes		California	Mexico	Missouri		98	45	1				None								
39					Frances C.	daughter				V	F	W	3½	S				California	Mexico	Missouri		98	45	1				None								
40			542	546	Peterson, Alvah M.	Head	R	10		no	M	W	31	M	24	no	yes	Missouri	Michigan	Michigan		66					yes	irrigator	Country Club	787V	W	yes		no		—
41				1	Eunice E.	wife-H				V	F	W	31	M	24	no	yes	Missouri	Tennessee	Tennessee		66					yes	None								
42					Patricia J.	daughter				V	F	W	4/12	S		no		California	Missouri	Missouri		98						None								
43			543	547	Tile, Horatio	Head	R	10	R	no	M	W	32	M	25	no	yes	Minnesota	Wisconsin	Wisconsin		64					yes	operator	irrigation plant	1X93	W	yes		no		
44				1	Annie	wife H				V	F	W	26	M	18	no	yes	England	England	England	English	00	00	✓	1923	Na	yes	None								
45					Ernest R.	Son				V	M	W	7	S		yes		Canada English	Minnesota	England	~~English~~	00	00		[illegible]	Na		None								
46			544	548	Lopez, Catilina	Head-H	R	10		no	F	Mex	27	[illegible]		no	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	Al	no	None								
47					Petra	mother				V	F	Mex	65	wd		no	no	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	Al	no	None								
48					Federico	brother				V	M	Mex	26	S		[illegible]	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	Al	yes	Labor	cement plant	7803	W	yes		no		
49					Ventura	brother				V	M	Mex	24	S		[illegible]	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	Al	yes	Labor	cement plant	7803	W	yes		no		
50																																				

23

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

MyFamily.com

Herbert Reed Ham

Parents: George Dallas Ham & Mary Lorene Gibbs

Birth: 26 Feb 1903
Sweetwater Creek District, Comanche, Comanche County, Texas USA

Death: 19 Jul 1982
El Cajon, San Diego County, California USA

View Profile

Lillie Aloren Wood

Parents: Arthur Edward Wood & Dora A " Littlepage

Birth: 30 Aug 1910
Hamilton, Hamilton County, Texas USA

Death: 06 Jun 1977
San Diego, San Diego County, California USA

View Profile

Marriage — 22 May 1929 in Clarendon, Donley County, Texas USA   Edit

Children

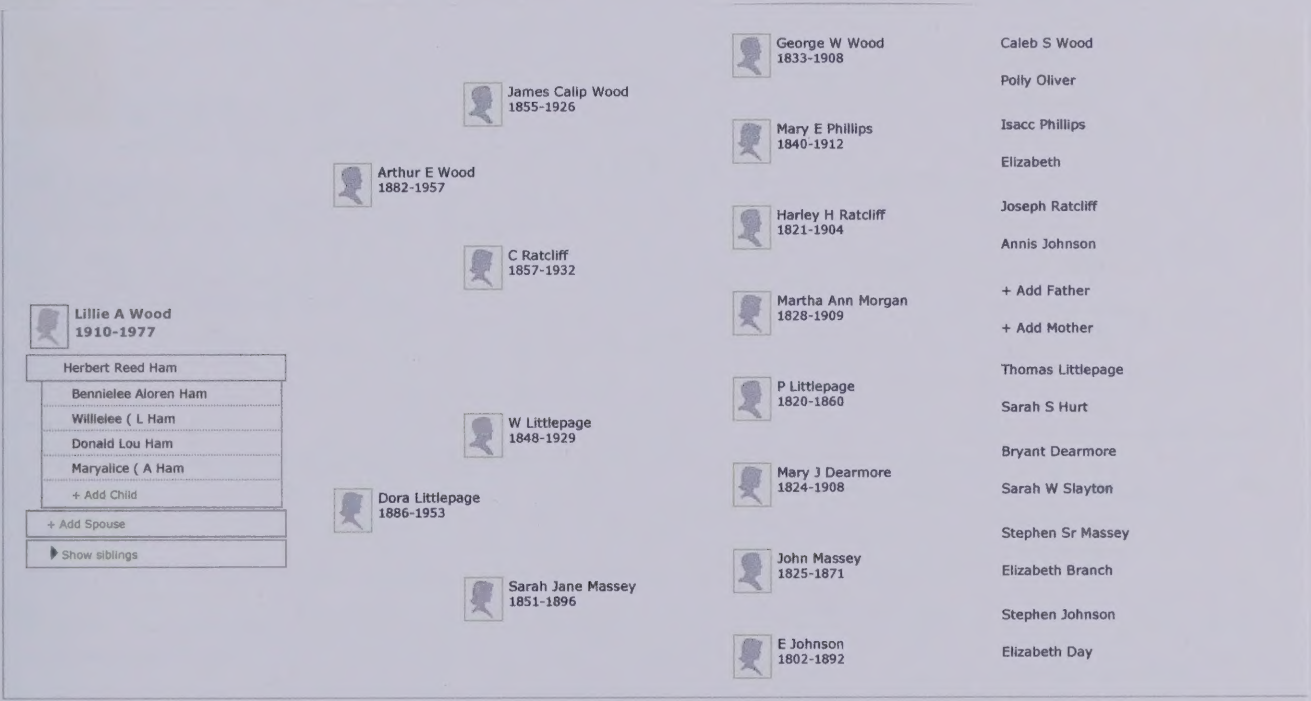
Add a child

Name	Sex	Birth	Death	Ancestry Hints
Bennielee Aloren Ham	F	24 Aug 1930 Clarendon, Donley County, Texas USA		-
Willielee (Willie L Ham	F	19 Nov 1931 Clarendon, Donley County, Texas USA		-
Donald Lou Ham	M	19 Apr 1935 San Diego, San Diego County, California USA	17 Dec 1998 San Diego, San Diego County, California USA	-
Maryalice (Mary A Ham	F	19 Apr 1938 San Diego, San Diego County, California USA,		-

Relationship Events (for example, marriage, divorce, etc.)

Add a new life event

Marriage 22 May 1929 in Clarendon, Donley County, Texas USA


Lillie A Wood
1910-1977
Herbert Reed Ham
Bennielee Aloren Ham
Willielee (L Ham
Donald Lou Ham
Maryalice (A Ham
+ Add Child
+ Add Spouse
Show siblings
Arthur E Wood
1882-1957
Dora Littlepage
1886-1953
James Calip Wood
1855-1926
C Ratcliff
1857-1932
W Littlepage
1848-1929
Sarah Jane Massey
1851-1896
George W Wood
1833-1908
Mary E Phillips
1840-1912
Harley H Ratcliff
1821-1904
Martha Ann Morgan
1828-1909
P Littlepage
1820-1860
Mary J Dearmore
1824-1908
John Massey
1825-1871
E Johnson
1802-1892
Caleb S Wood
Polly Oliver
Isacc Phillips
Elizabeth
Joseph Ratcliff
Annis Johnson
+ Add Father
+ Add Mother
Thomas Littlepage
Sarah S Hurt
Bryant Dearmore
Sarah W Slayton
Stephen Sr Massey
Elizabeth Branch
Stephen Johnson
Elizabeth Day

What do I do Next?

Invite Your Family. Click here to invite family members to view and add their own information to the tree.

Add More Details. Click on a person's name to add life events, photos, stories, audio recordings, and more.

Add More Relatives. Click on a person's name to add a spouse and children. Click on the *+ Add Mother + Add Father* tags to add parents.

Get ancestry hints™. Click on the green leaf when you see it. It tells you that we've found records that might be a perfect match for your ancestors.

Find Your Way

Ready to Explore? Use the navigation tabs at the top of the page to quickly see what you want.

Home: This is the summary view of all the activity on your Family Tree, and also contains the tools to manage it.
People: A quick shortcut to the profile for the focus person.
Family Tree: This is the family tree view you are on now.
Photos, Stories, Audio: See all the photos, stories, and more that you create.

Go Back in Time. To navigate up the tree, click on the arrows on the right of the tree to go back another generation.

Take Me Home. You can get back to the Home Person at any time by clicking on the "Home Person" link at the top of the tree.

Lillie Aloren Wood

Birth: **30 Aug 1910**
Hamilton, Hamilton County, Texas USA

Death: **06 Jun 1977**
San Diego, San Diego County, California USA

Events	**5**
Photos	**0**
Stories	**0**
Audio	**0**
Videos	**0**
Records	**4**
Comments	**0**

- Add -

Edit profile Search Historical Records Add note

Timeline

Add a life event

1910 30 Aug *Birth*
Birth
Hamilton, Hamilton County, Texas USA
▶ 4 historical records

1920 *Age: 10*
Residence
Justice Precinct 1, Scurry County, Texas USA
▶ 1 historical record

1929 22 May *Age: 18*
Marriage to Herbert Reed Ham
Clarendon, Donley County, Texas USA
Description: Married on the Court House Steps at closing time.

1930 *Age: 20*
Residence
Ventura, Ventura County, California USA
Description: Husband worked as a "Roustabout" at oil field in Ocean Beach, California
▶ 1 historical record

1977 6 Jun *Age: 66*
Death
San Diego, San Diego County, California USA
Description: Death Certificate-Cause of death was Leukemia
▶ 2 historical records

Photos

Add a photo

No photos have been added.

Stories

Add a story

No stories have been added.

Audio

Add an audio recording

No audio recordings have been added.

Video

Add a video recording

No video recordings have been added.

Comments

Add a comment

No comments have been added.

Family Members

Parents

Arthur Edward Wood
1882 – 1957

Dora Allis " Littlepage
1886 – 1953

Show Siblings

Spouse & Children

Herbert Reed Ham
1903 – 1982

Bennielee Aloren Ham
1930 –

Willielee (L Ham
1931 –

Donald Lou Ham
1935 – 1998

Maryalice (Mary A Ham
1938 –

Add a child

Family Group Sheet

Records

1920 United States Federal Census

1930 United States Federal Census

California Death Index, 1940-1997

Social Security Death Index

Search Historical Records

Source citations (7)

Add a source citation

Web Links

Add a link

No web links have been added.

Get the Ancestry Toolbar

Search the web for **Lillie Aloren Wood**

Additional Tools

- Print posters and books
- Create military page BETA
- Find famous relatives
- Save person to another tree
- Contact Ancestry members researching this person
- Invite family to contribute

ancestry.com

Compare With People From Your Family Tree

Children (4)

Bennielee Aloren Ham	B: 1930
Willielee (Willie Lee) Ham	B: 1931
Donald Lou Ham	B: 1935
Maryalice (Mary Alice) Ham	B: 1938

Lillie Aloren Wood

B30 Aug 1910 in Hamilton, Hamilton County, Texas USA
D06 Jun 1977 in San Diego, San Diego County, California USA

Herbert Reed Ham B:26 Feb 1903 in Sweetwater Creek District, Comanche, Comanche County, Texas USA

Parents
Arthur Edward Wood
1882-1957

Dora Allis "Alice" Littlepage
1886-1953

Social Security Death Index

Name:	**Lillie Ham**
SSN:	557-18-4505
Last Residence:	92020 El Cajon, San Diego, California, United States of America
Born:	30 Aug 1910
Died:	30 Jun 1977
State (Year) SSN issued:	California (Before 1951)

Source Citation: Number: *557-18-4505*;Issue State: *California*;Issue Date: *Before 1951*.

Source Information:
Ancestry.com. *Social Security Death Index* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2009.
Original data: Social Security Administration. *Social Security Death Index, Master File*. Social Security Administration.

Description:
The Social Security Administration Death Master File contains information on millions of deceased individuals with United States social security numbers whose deaths were reported to the Social Security Administration. Birth years for the individuals listed range from 1875 to last year. Information in these records includes name, birth date, death date, and last known residence. Learn more...

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Children (4)

Bennielee Aloren Ham	B: 1930
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Donald Lou Ham	B: 1935
Maryalice (Mary Alice) Ham	B: 1938

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Review and save changes to your family tree

Data from this record that differs from the information in your tree is *italicized and underlined in yellow.*

Data in your tree that is new or changed is *italicized and underlined in green.*

Add To Your Tree or Cancel

Lillie Ham

Show advanced options

Check the fields on the left that you want to be copied to this person.

Social Security Death Index			Your Family Tree Willielee (Willie Lee) Ham
Name	☐	Lillie Ham	Lillie Aloren / Wood
Birth date	☐	30 Aug 1910	30 Aug 1910
Birth place	☐		Hamilton, Hamilton County, Texas USA
Death date	☐	*30 Jun 1977*	06 Jun 1977
Death place	☐	*El Cajon, San Diego, California, United States of America*	San Diego, San Diego County, California USA

Add To Your Tree or Cancel

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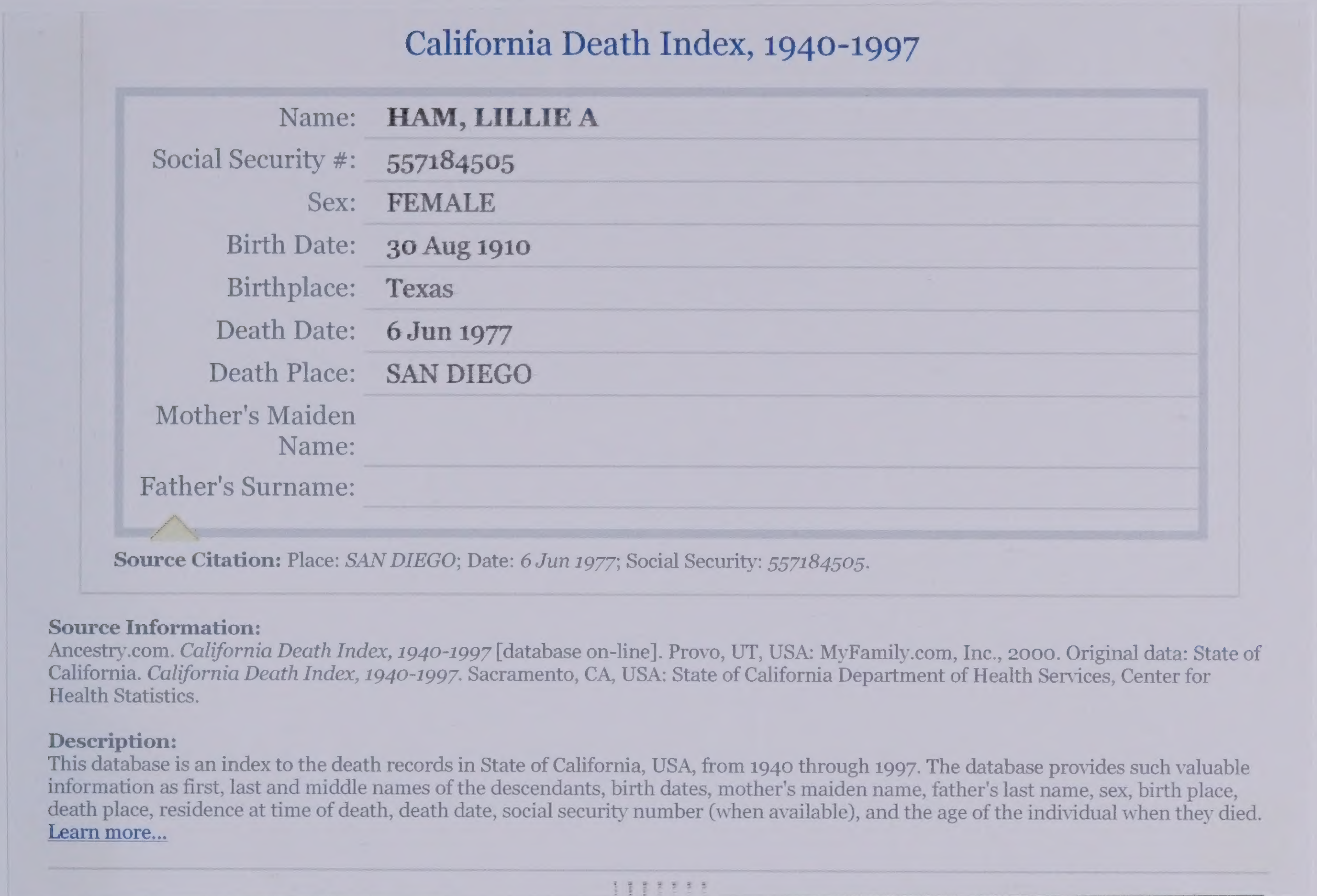


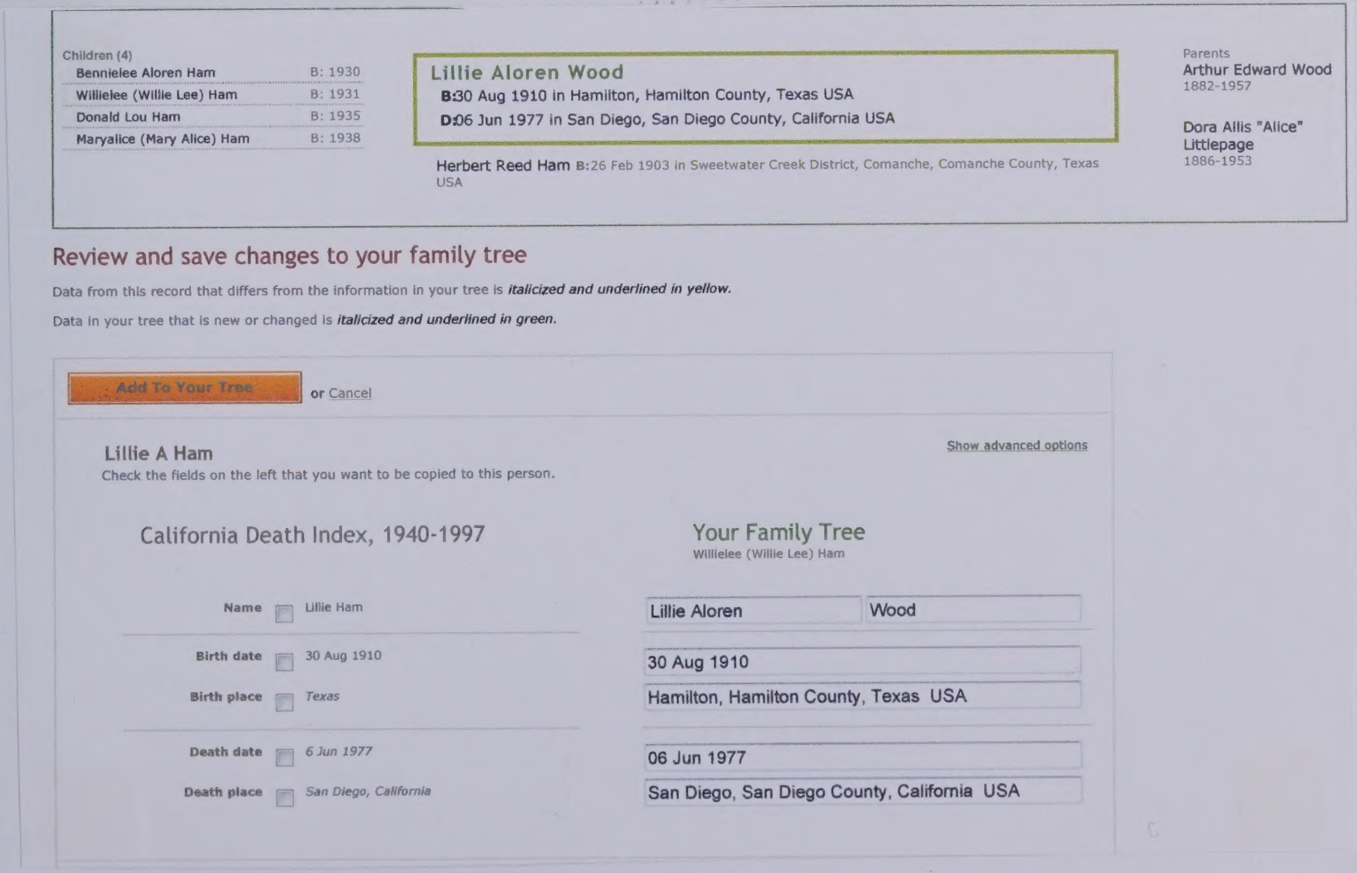
California Death Index, 1940-1997

Name:	**HAM, LILLIE A**
Social Security #:	557184505
Sex:	FEMALE
Birth Date:	30 Aug 1910
Birthplace:	Texas
Death Date:	6 Jun 1977
Death Place:	SAN DIEGO
Mother's Maiden Name:	
Father's Surname:	

Source Citation: Place: *SAN DIEGO*; Date: *6 Jun 1977*; Social Security: *557184505*.

Source Information:
Ancestry.com. *California Death Index, 1940-1997* [database on-line]. Provo, UT, USA: MyFamily.com, Inc., 2000. Original data: State of California. *California Death Index, 1940-1997*. Sacramento, CA, USA: State of California Department of Health Services, Center for Health Statistics.

Description:
This database is an index to the death records in State of California, USA, from 1940 through 1997. The database provides such valuable information as first, last and middle names of the descendants, birth dates, mother's maiden name, father's last name, sex, birth place, death place, residence at time of death, death date, social security number (when available), and the age of the individual when they died.
Learn more...



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D:06 Jun 1977 in San Diego, San Diego County, California USA

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1882-1957

Dora Allis "Alice" Littlepage
1886-1953

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Lillie A Ham
Check the fields on the left that you want to be copied to this person.

California Death Index, 1940-1997			Your Family Tree Willielee (Willie Lee) Ham
Name	☐	Lillie Ham	Lillie Aloren Wood
Birth date	☐	30 Aug 1910	30 Aug 1910
Birth place	☐	*Texas*	Hamilton, Hamilton County, Texas USA
Death date	☐	*6 Jun 1977*	06 Jun 1977
Death place	☐	*San Diego, California*	San Diego, San Diego County, California USA

California Death Index, 1940-1997

Name:	**HAM, LILLIE A**
Social Security #:	557184505
Sex:	FEMALE
Birth Date:	30 Aug 1910
Birthplace:	Texas
Death Date:	6 Jun 1977
Death Place:	SAN DIEGO
Mother's Maiden Name:	
Father's Surname:	

Source Citation: Place: *SAN DIEGO*; Date: *6 Jun 1977*; Social Security: *557184505*.

Source Information:
Ancestry.com. *California Death Index, 1940-1997* [database on-line]. Provo, UT, USA: MyFamily.com, Inc., 2000. Original data: State of California. *California Death Index, 1940-1997*. Sacramento, CA, USA: State of California Department of Health Services, Center for Health Statistics.

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Lillie A Ham
Check the fields on the left that you want to be copied to this person.

Show advanced options

	California Death Index, 1940-1997	Your Family Tree Willielee (Willie Lee) Ham
Name	☐ Lillie Ham	Lillie Aloren Wood
Birth date	☐ 30 Aug 1910	30 Aug 1910
Birth place	☐ *Texas*	Hamilton, Hamilton County, Texas USA
Death date	☐ *6 Jun 1977*	06 Jun 1977
Death place	☐ *San Diego, California*	San Diego, San Diego County, California USA

The Lord is my shepherd, I shall not want.
He maketh me to lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul: He leadeth me in the
paths of righteousness for His name's sake.
Yea, though I walk through the valley of
the shadow of death, I will fear no evil:
for thou art with me; Thy rod and
thy staff they comfort me.
Thou preparest a table before me in the presence
of mine enemies: thou anointest my head
with oil, my cup runneth over.
Surely goodness and mercy shall follow me
all the days of my life: and I will
dwell in the house of the Lord forever.

Twenty-third Psalm

In Memory Of
LILLIE A. HAM

Native Of
Texas

Passed Away
June 6, 1977

Services Held At
Greenwood Mortuary
June 10th. at 12:00 N.

Officiant
Rev. Paul W. Ethington

Organist
Violet Hamilton
Soloist
Jo Ann Atkins

Interment
Greenwood Memorial Park

GREENWOOD

MEMORIAL PARK & MORTUARY
SAN DIEGO, CALIFORNIA

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Interment
Greenwood Memorial Park

GREENWOOD

MEMORIAL PARK & MORTUARY
SAN DIEGO, CALIFORNIA

77-078696
STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

8009 05481
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEASED—FIRST NAME: Lillie
1B. MIDDLE NAME: Aloren
1C. LAST NAME: Ham
2A. DATE OF DEATH—MONTH, DAY, YEAR: June 06, 1977
2B. HOUR: 07:15 P. M.
3. SEX: Female
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
6. DATE OF BIRTH: August 30, 1910
7. AGE (LAST BIRTHDAY): 66 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Arthur E. Wood, Texas
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Dora A. Littlepage, Texas
10. CITIZEN OF WHAT COUNTRY: USA
11. SOCIAL SECURITY NUMBER: 557-18-4505
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Herbert R. Ham
14. LAST OCCUPATION: /Practical Nurse
15. NUMBER OF YEARS IN THIS OCCUPATION: 17
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Solar
17. KIND OF INDUSTRY OR BUSINESS: Aircraft Mfg.

PLACE OF DEATH

2
41

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Kaiser Permanente Medical Center
18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 4647 Zion Avenue
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18D. CITY OR TOWN: San Diego
18E. COUNTY: San Diego
18F. LENGTH OF STAY IN COUNTY OF DEATH: 45 YEARS
18G. LENGTH OF STAY IN CALIFORNIA: 45 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1285 E. Washington #27
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19C. CITY OR TOWN: El Cajon
19D. COUNTY: San Diego
19E. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT:
Willie Lee Brown
542 Birch St.
Itasca, Illinois 60143

PHYSICIAN'S OR CORONER'S CERTIFICATION

214/3720
154013706

21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN (INVESTIGATION OR INQUEST)
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) 08-13-68 TO (ENTER MONTH, DAY, YEAR) 06-06-77 AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR) 06-06-77
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Coyt R. Payseur
21D. DATE SIGNED: 6/8/77
21E. ADDRESS: Coyt Payseur, M.D. 4647 Zion Ave., San Diego
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A-15558

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22B. DATE: 6-10-1977
23. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Ronald Philbert #6727 by Pat Byrd, Atty in fact
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Greenwood Mortuary
26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
27. LOCAL REGISTRAR—SIGNATURE: John R. Philip M.D. E.L.
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 9 1977

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

204.1
204.1

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
IMMEDIATE CAUSE (A) Chronic Lymphocytic Leukemia — 10 yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (B)
DUE TO, OR AS A CONSEQUENCE OF (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.3

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Atherosclerotic Heart Disease
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): OP- NONE BIOPSY YES
32A. AUTOPSY (SPECIFY YES OR NO): Yes
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

INJURY INFORMATION

IBM-KP
1
14

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.):
35. INJURY AT WORK (SPECIFY YES OR NO):
36A. DATE OF INJURY—MONTH, DAY, YEAR:
36B. HOUR: M.
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO):
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO):
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29):

STATE REGISTRAR

A	B	C	D	E	F
1	X	2		2041	15401

VS 11 (9-73)

This is a true certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Recorder. MAR 0 1 1988

Vera L. Lyle Recorder
San Diego County, California

AUTOPSY REPORT

DA# 39-77

NAME:	HAM, Lillie
P.F. NO.:	2198396
DATE AND TIME OF DEATH:	June 6, 1977 @ 1915
DATE AND TIME OF AUTOPSY:	June 7, 1977 @ 1700
PLACE OF DEATH:	Kaiser Foundation Hospital
PLACE OF AUTOPSY:	Kaiser Foundation Hospital 4647 Zion Avenue San Diego, California
ATTENDING PHYSICIAN:	Dr. Payseur
PROSECTOR:	Dr. Shneidman
CASE TITLE:	CHRONIC LYMPHOCYTIC LEUKEMIA WITH TRANSITION TO WALDENSTROM'S DISEASE (WALDENSTROM'S MACROGLOBULINEMIA) 0600-2135 0600-9827

D. Shneidman, M.D.
Pathologist

CLINICAL HISTORY

The patient was a 66-year old Caucasian female with a history of chronic lymphocytic leukemia since 1965. On June 2, 1977 she presented with nausea, vomitting, weakness, and shortness of breath, and she died four days later. (See chart.)

GROSS AUTOPSY FINDINGS

EXTERNAL EXAMINATION

The body is that of a normally developed unembalmed Caucasian female appearing older than the reported age. The body is 159 cm. in length. There is rigor mortis. The head is normocephalic. The irides are blue in color. The pupils are 4 mm. in diameter, round and midline. The sclera are unremarkable. The hair is gray in color and shows a mild balding pattern. The ears and nose appear unremarkable. The body is edentulous. There are two old scars in the right abdomen each measuring under 1 cm. There are no other scars identified. There are no tattoos identified. The body is symmetrical without amputation or other deformity. The body is identified by a wrist band.

PRIMARY INCISION AND EXAMINATION

The usual Y-shaped incision is employed. There is no fluid in either of the pleural cavities or in the abdominal cavity. There are no pleural adhesions. The thoracic and abdominal organs occupt their usual positions in situ.

CARDIOVASCULAR SYSTEM

The heart weighs 340 gms. The epicardial surface appears unremarkable. There is minimal coronary atherosclerosis. The path through the heart is traced. The right atrium is unremarkable. The foramen ovale is closed and there are no septal defects. The tricuspid valve is unremarkable. The right ventricle is unremarkable. Its wall measures 3 mm. in thickness 1 cm. below the pulmonic valve. The pulmonic valve is unremarkable and the pulmonary arteries are unremarkable. The left atrium is unremarkable. The mitral vlave is delicate and pliable without stigmata of rheumatic heart disease. There are no vegetations present. The left ventricle is neither dilated or hypertrophied and measures 11 mm. in thickness at the base of the anterior papillary muscle. Both the aterior and posterior papillary muscle have a yellow tannish discoloration and both appear mildly hemorrhagic. With that exception, the heart muscle has a red-brown color throughout. The septum shows no evidence of old scarring. The aortic valve and root are unremarkable.

RESPIRATORY SYSTEM

Both lungs fill the pleural cavities. The right lung weighs 700 gms. and the left lung weighs 700 gms. The mucosa of the larynx is normal. A small quantity of mucinous material is found in the mainstem bronchus. The pulmonary arteries are free of thromboemboli. There is no evidence of tumor. There is no evidence of old tuberculosis. On cut section the lung has a dark red appearance and this is most prominent in the dependent areas. These dependent areas are more firm than the nondependent areas. Pulmonary edema fluid cannot be expressed from the compressed parenchyma. There is no pneumonia seen or palpated. The tracheal lymph nodes are quite prominent.

HEPATOBILIARY SYSTEM

The liver is 2400 gms. It is of normal shape but somewhat increased in size. On cross section there are innumerable white exentuations of the portal triads in the pattern consistent with lymphoctyic leukemic infiltrate. There is no evidence of fatty change or increased fibrosis. The gallbladder is present. It contains approximately 25 cc. of viscus green bile. There are no stones present. There is no evidence of abnormalities in the extrahepatic biliary system.

LYMPHOID SYSTEM

The spleen weighs 1100 gms. and measures 21 cm. from pole to pole. On cross section there are innumerable small and several larger yellowish white discolorations consistent with tumor. The largest of these measures 3 cm. in greatest dimension. In addition, there are innumerable smaller yellow white puncta. The lymph nodes of the abdominal aorta are greatly enlarged and are matted together. They form a mass which measures 16 x 10 x 7 cm. which weighs 1050 gms. On cross section the nodes of this mass have a "fish flesh" appearance. The mesenteric nodes are quite prominent, and there is generalized lymphadenopathy.

GASTROINTESTINAL SYSTEM

The esophagus, stomach, small bowel, and colon are normal. The appendix is surgically absent.

PANCREAS

This is unremarkable.

URINARY SYSTEM

The kidneys each weigh 150 gms. They each measure 11 cm. from pole to pole. The capsules strip with ease. The cortex shows a suggestion of fine scarring. The fetal lobulations are still evident. The cortex on cross section is visually distinct from the medulla. Each kidney gives rise to a single ureter which goes to the bladder. Each of these ureters is somewhat distorted by passing over the large mass of abdominal nodes, but there is no evidence of obstruction. The bladder contains approximately 35 cc. of urine.

FEMALE REPRODUCTIVE SYSTEM

The external genitalia are normal. The ovaries, cervix and uterus are consistent with the patient's age.

ENDOCRINE SYSTEM

The thyroid gland weighs 10 gms. The adrenals have a combined weight of 25 gms.

MUSCULOSKELETAL SYSTEM

The skeleton and muscular system show no specific abnormalities. The bone marrow appears red and juicy.

CENTRAL NERVOUS SYSTEM

This is not examined.

MICROSCOPIC FINDINGS

Previous marrow and peripheral smear samples - The 1969 sampling (D 2829-69) demonstrates an increased white count on peripheral smear composed of 90% lymphocytes with varying degrees of atypia such as smudged nuclear chromatin features and abundant undulating cytoplasm. Occasionally an immature appearing lymphocyte is noted. The bone marrow contains large numbers of mature appearing lymphocytes also. These features are morphologically consistent with chronic lymphocytic leukemia. The marrow sampling in 1971 (DM 14-71) shows a relatively normal marrow picture for this lady's age (presumably because of previous treatment). The only other previous significant material was a breast biopsy done in 1970 in which there is a pathology report with a diagnosis of lymph node exhibiting features of "chronic lymphocytic leukemia". That slide is not available in our files and was read at Doctors Hospital.

Post mortum bone marrow examination - The marrow shows a striking array of histologic findings. For the most part, there is a monotonous diffuse infiltrate of small well differentiated lymphocytes with a transition zone to a nodule of strikingly different histology. This nodule is composed of cells with plasmacyte features exhibiting varying degree of nuclear hyperchromatism, irregularily, and immaturity. Occasional multinucleated cells are noted also. These features are also found in the spleen, liver, and lymph nodes, and are consistent with the histology described for Waldenstrom's macroglobulinemia. Chronic lymphocytic leukemia is known to transform to varying lympho-proliferative disorders in the latter stages and Waldenstrom's macroglobulinemia is one of those disorders.

Lymph nodes - The lymph node architecture is totally replaced by the same infiltrate as described in the bone marrow, namely a plasmacytoid infiltrate with varying degrees of nuclear and cytoplasmic atypial and occasionally bizarre features.

Spleen - This is also totally replaced by the same infiltrate as described above.

Liver - The portal spaces are heavily infiltrated by the same infiltrate as described above.

Pancreas - Marked autolytic changes have occured, but no other significant abnormalities are noted.

Heart - The papillary muscles reveal healed myocardial infarcts. These infarcts are months to years old.

Lung - This shows pulmonary edema and vascular congestion.

Kidney - Small zones of leukemic infiltrate are noted and the vascular channels are congested. Mild arteriolar sclerosis is noted in addition. The tubules appear to be free of proteinaceous inspissated material.

Intestine - Autolytic changes.

Ovaries - Atrophy.

Uterus - Atrophy and leiomyoma.

Adrenal - Leukemic infiltrate of medulla is noted.

HAM, Lillie

DA# 39-77

FINAL DIAGNOSES

1. Chronic lymphocytic leukemia with transition to Waldenstrom's disease (Waldenstrom's macroglobulinemia) with massive generalized lymph node, spleen, liver, and bone marrow involvement.
2. Bilateral pulmonary edema and congestion.
3. Generalized arteriosclerosis, moderate - severe.
4. Healed anterior and posterior left ventricular papillary myocardial infarcts.
5. Leiomyomas of uterus.
6. Status post appendectomy.

mother

VERA L. LYLE
Recorder of San Diego County
P. O. BOX 1750
San Diego, California 92112

SAN DIEGO, CA 921
PM
3 MAR
1988

USA 22

Mrs. Willie Lee Brown
49 Orchard Park Dr #4
Greenville, South Carolina
29615

001972

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 8009

1A. NAME OF DECEASED—FIRST NAME Lillie	1B. MIDDLE NAME Aloren	1C. LAST NAME Ham	2A. DATE OF DEATH—MONTH DAY YEAR June 06, 1977	2B. HOUR 07:15 P. M
3. SEX Female	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	6. DATE OF BIRTH August 30, 1910	7. AGE (LAST BIRTHDAY) 66 YEARS IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HOURS: HOURS MINUTES

8. NAME AND BIRTHPLACE OF FATHER
Arthur E. Wood, Texas

9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Dora A. Littlepage, Texas

10. CITIZEN OF WHAT COUNTRY USA	11. SOCIAL SECURITY NUMBER 557-18-4505	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Herbert R. Ham
14. LAST OCCUPATION Practical Nurse	15. NUMBER OF YEARS IN THIS OCCUPATION 17	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Solar	17. KIND OF INDUSTRY OR BUSINESS Aircraft Mfg.

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY
Kaiser Permanente Medical Center

18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)
4647 Zion Avenue

18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Yes

18D. CITY OR TOWN
San Diego

18E. COUNTY
San Diego

18F. LENGTH OF STAY IN COUNTY OF DEATH
45 YEARS

18G. LENGTH OF STAY IN CALIFORNIA
45 YEARS

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)
1285 E. Washington #27

19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Yes

19C. CITY OR TOWN
El Cajon

19D. COUNTY
San Diego

19E. STATE
California

20. NAME AND MAILING ADDRESS OF INFORMANT
Willie Lee Brown
542 Birch St.
Itasca, Illinois 60143

21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AN (INVESTIGATION OR INQUEST)

21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED

FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
08-13-68	06-06-77	06-06-77

21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE
Coyt R. Payseur

21D. DATE SIGNED
6/8/77

21E. ADDRESS
Coyt Payseur, M.D.
4647 Zion Ave., San Diego

21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER
A-15558

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION
Burial

22B. DATE
6-10-1977

23. NAME OF CEMETERY OR CREMATORY
Greenwood Memorial Park

24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
RonaldPhilbert #6727 by
Pat Byrd, Atty in fact
Pat Byrd

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
Greenwood Mortuary

26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)
No

27. LOCAL REGISTRAR—SIGNATURE
John R. Philp MD E.L

28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
JUN 9 1977

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Chronic Lymphocytic Leukemia	10 yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)		
DUE TO, OR AS A CONSEQUENCE OF (C)		

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(A)
Atherosclerotic Heart Disease

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND OR BIOPSY)
OP- NONE BIOPSY YES

32A. AUTOPSY (SPECIFY YES OR NO)
Yes

32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
Yes

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) (FREEWAY, HIGHWAY, STREET)

35. INJURY AT WORK (SPECIFY YES OR NO)

36A. DATE OF INJURY—MONTH DAY YEAR

36B. HOUR
M

37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

A.	B.	C.	D.	E.	F.

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

John R. Philp MD E.L
DIRECTOR
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HWY., SAN DIEGO, CA 92101

FEE PAID: $2.00
DATED: JUN 10 1977

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The Whole Family

Entries: 1150 **Updated:** Sun Aug 26 00:47:51 2001

rdjn@vci.net

Index | **Pedigree** | **Ahnentafel** | **Download GEDCOM** | **Add Post-em**

- *ID:* I37107757
- *Name:* Lillie Aloren WOOD
- *Given Name:* Lillie Aloren
- *Surname:* Wood
- *Sex:* F
- *Birth:* 30 Aug 1910 in Hamilton, TX
- *Death:* 6 Jun 1977
- *Change Date:* 24 Sep 1999

Father: Arthur Edward WOOD b: 9 Jun 1882 in Limestone CO., TX
Mother: Dora Alice LITTLEPAGE b: 28 Feb 1886 in Hill CO., TX

Suggested Next Step:
Search OneWorldTree for:
Wood, Lillie Aloren

Search

Included with this search:

- View multiple generations
- Change tree views to get the look you want
- View supporting source, i.e., census images
- View alternate information
- Anonymously contact submitters of tree data

Index | **Pedigree** | **Ahnentafel** | **Download GEDCOM** | **Add Post-em**

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CHART NO. ________

PEDIGREE CHART

DATE ________

NAME OF PERSON SUBMITTING CHART ________

STREET ADDRESS ________

CITY ________ STATE ________

NO. 1 ON THIS CHART IS THE SAME PERSON AS NO. ________ ON CHART NO. ________

1 Lillie Allorian Wood
BORN Aug. 30, 1910
WHERE Hamilton Co., Texas
WHEN MARRIED May 22, 1929
DIED June 6, 1977
WHERE San Diego, Calif.

NAME OF HUSBAND OR WIFE
Herbert Reed Ham

SOURCES OF INFORMATION

2 Arthur Edward Wood
BORN June 9, 1882
WHERE Limestone Co.,Texas
WHEN MARRIED Aug. 23, 1903
DIED June 26, 1957
WHERE Colo. Springs, Colo.

3 Dora Alice Littlepage
BORN Feb. 28, 1886
WHERE Hill Co., Texas
DIED Feb 25, 1953
WHERE Denver, Colo.

4 James Calip Wood
BORN Aug. 31, 1855
WHERE Tenn.
WHEN MARRIED Feb. 28, 1878
DIED Feb. 5, 1926
WHERE. Donley Co., Texas

5 Caroline(Carrie)Wade Ratcliff
BORN Dec. 20, 1857
WHERE Louisiana
DIED April 10, 1932
WHERE Donley Co., Texas

6 William Joseph Littlepage
BORN Sept. 9, 1848
WHERE Jackson,Tenn.Madison Co.
WHEN MARRIED Jan. 24, 1872
DIED Jan. 8, 1929
WHERE Fort Worth, Texas

7 (1) Sarah Jane Massey
BORN Nov. 22, 1851
WHERE Tenn.
DIED Dec. 5, 1896
WHERE Hamilton Co., Texas

8 George Washington Wood
BORN Oct. 7, 1833
WHERE Tenn.
WHEN MARRIED
DIED June 15, 1908
WHERE Hartwell, Texas

9 Mary Emmaline Phillips
BORN Jan. 3, 1821
WHERE Tennesee
DIED May 6, 1912
WHERE Clarendon Texas

10 Harley H. Ratcliff
BORN July 6, 1821
WHERE Gwinnett Co., Ga
WHEN MARRIED Apr. 19, 1846
DIED JUly 2, 1904
WHERE Hubbard, Texas

11 Martha Ann Morgan
BORN Oct. 30, 1828
WHERE Florida
DIED Oct. 5, 1909
WHERE Hubbard, Texas

12 Powhatan B. Littlepage
BORN 1820
WHERE Tennesee
WHEN MARRIED April 20, 1841
DIED
WHERE

13 Mary Jane Dearmore
BORN 1824
WHERE Tennesee
DIED After 1901
WHERE

14 John Messey
BORN 1850 age 45 (1815)
WHERE Tennesee
WHEN MARRIED
DIED By Sept 1871 (will)
WHERE Madison Co., Tennesee

15 ~~Eliza Susan Johnson~~
BORN 1860 age 33 (1827)
WHERE Tennesee
DIED
WHERE

16 Caleb S. Wood
b-oct.21,1791-Ark. or Tenn. CONT. ON CHART ________
m-june 7, 1805

17 Polly Oliver
b-Apr.6,1794
d-Sept.7,1835 CONT. ON CHART ________

18 Isaac Phillips
b-1800 Tennesee CONT. ON CHART ________

19 Elizabeth
b-1805 New York CONT. ON CHART ________

20 Joseph Ratcliff
b-Mar 19, 1793 Orangeburg District S.C. CONT. ON CHART ________
d-oct.27,1857

21 Annis Johnson
b-Feb. 4,1799 CONT. ON CHART ________
d-Feb.22,1845 LA

22 ________ CONT. ON CHART ________

23 ________ CONT. ON CHART ________

24 Thomas Littlepage
b-Between 1770 & 1780 CONT. ON CHART ________
Alabama or Tennesee

25 Sarah
b- 1775-Virginia CONT. ON CHART ________

26 James Dearmore CONT. ON CHART ________

27 ________ CONT. ON CHART ________

28 ________ CONT. ON CHART ________

29 ________ CONT. ON CHART ________

30 Stephen Johnson
b-1803 CONT. ON CHART ________

31 Elizabeth
b-1808 CONT. ON CHART ________

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PFG(a)3040 12/75 10M Pads

FORM **SSA-1533** (1-77)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / SOCIAL SECURITY ADMINISTRATION

MEDICARE HOSPITAL, EXTENDED CARE AND HOME HEALTH BENEFITS RECORD

A80272297246A968 050515 DATE: 09/09/77

THE ESTATE OF
LILLIE A HAM
1285 E WASHINGTON
SP 27
EL CAJON CA 92020

HEALTH INSURANCE CLAIM NUMBER
557-18-4505A

Always use this number when writing about your claim.

THIS IS NOT A BILL. This notice is to give you a record of the Medicare benefits you used during the period shown in Item 1. For important additional information please see the other side of this form.

1 OUR RECORDS SHOW THAT YOU RECEIVED THESE SERVICES

Type of Services	Services Were Provided By	Date
INPATIENT HOSPITAL	KAISER FOUNDATION HOSP 8010 PARKWAY DR LA MESA CALIFORNIA 92041	06/02/77 THRU 06/06/77

2 MEDICARE HAS PAID FOR ALL COVERED SERVICES EXCEPT

$124.00 TOWARD THE INPATIENT DEDUCTIBLE.

THIS IS NOT A BILL

IF YOU HAVE ANY QUESTIONS
ABOUT THIS RECORD
PLEASE GET IN TOUCH WITH:

KAISER FOUNDATION HEALTH PLAN INC
1956 WEBSTER STREET RM 310-A
OAKLAND CALIFORNIA 94612

3 OUR RECORDS SHOW THE FOLLOWING BENEFITS WERE USED THIS TIME

Inpatient Hospital Days	Lifetime Reserve Days	Extended Care Days	Home Health Visits Hospital Insurance	Home Health Visits Medical Insurance

EXPLANATION OF ITEMS 1, 2 AND 3

1 PAYMENT OF BENEFITS—Payment for covered services was made on your behalf directly to the organization shown in item 1. Medicare paid for all services covered by the program except for items shown in item 2. YOUR MEDICARE HANDBOOK tells you what hospital insurance pays for in a benefit period and what medical insurance pays for in each calendar year.

Hospital insurance covers inpatient hospital care, skilled nursing facility care and home health agency visits. Home health visits are also covered by Medicare under medical insurance but the 2 benefits are handled separately. The visits you receive under one do not affect the number of visits available under the other. You must be hospitalized for at least 3 days in a row to qualify for home health visits under your hospital insurance but you do not have to be hospitalized first to get home health benefits under your medical insurance.

Generally, Part B medical insurance benefits for services you may have received from a physician or supplier are not included on this record. If you have received Part B physician or supplier services, separate notices about these services will be sent to you.

2 CHARGES NOT PAID BY MEDICARE—Any covered charges not paid for by Medicare are shown in item 2. Medicare does not always pay the full cost of covered services. For example, beginning Jan. 1, 1977, you are responsible for the first $124 in charges for inpatient hospital services in each benefit period. You are responsible for $31 a day for the 61st through 90th day of inpatient hospital services in a benefit period. You are responsible for $15.50 a day for the 21st through 100th day of inpatient extended care services in a benefit period. You are responsible for $62 a day for each "lifetime reserve" day used. You are responsible for the first $60 of reasonable charges for services covered by Part B in each calendar year.

Physicians' charges are not covered by Medicare hospital insurance, but they are covered by Medicare medical insurance. If you have the medical insurance and received services in a hospital from a radiologist or pathologist (X-ray or laboratory), the reasonable charges for these services are covered in full.

Hospital insurance never pays for some charges, such as TV or telephone and private duty nursing. The added cost of a private room can be paid only if medically necessary. Medical insurance never pays for some charges, such as meals delivered to the home and full time nursing care. YOUR MEDICARE HANDBOOK describes these non-covered items in more detail.

3 BENEFITS USED THIS TIME—Item 3 only shows the number of covered days or visits furnished by the organization and for the period, shown in Item 1. If you received other covered services before or after that date, separate notices about those benefits will be sent to you. A separate notice is sent each time payment for covered services is made on your behalf.

Days or visits still available in the benefit period or in the calendar year will not be paid for unless all Medicare requirements are met. The law does not cover all types and levels of institutional and home care. For a definition of "benefit period" and a detailed explanation of Medicare requirements, see *Your Medicare Handbook* or ask at your social security office.

GENERAL INFORMATION

A. Benefits from Other Insurance or Medical Assistance

If you have other health insurance coverage or qualify for state medical assistance, the insurance organization or state assistance agency may help pay the part of your bill not covered by Medicare. This record may be useful in claiming such benefits.

B. Your Right to Reconsideration of this Medicare Benefit Determination

If you believe that Medicare should have covered more of your expenses, please ask the office shown at the bottom of item 2 for an explanation.

You may also request a reconsideration of the decision. If you want a reconsideration, you must request it not later than 60 days from the date of receipt of this record. The request should be sent to your social security office. If you are not satisfied with the reconsideration determination, you may request a hearing. If you want this hearing, you must request it not later than 60 days from the date of receipt of the notice of reconsideration.

C. For More Information—If you have questions not answered in *Your Medicare Handbook*, please call or visit your social security office. The people there will be glad to help you. If you visit them, be sure to take this record and any other papers concerning the services involved. If you write, be sure to include your Health Insurance Claim Number exactly as it appears on this record.

Retired
Nov. 15, 1968
Nurses Assistant
Edgemoor
Hospital
Employee # 35794

NAME Lellie Hom

DATE injection Mon. April 18.

Your doctor has requested that you have a gallium scan. It is a diagnostic test that uses a small amount of radioactive material called gallium. Gallium is injected into a vein and later an instrument called a gamma camera is used to make pictures of your body. The pictures are called scans.

Our department is the Nuclear Medicine Department. The nuclear part of our name comes from the fact that we use radioactive materials, such as gallium, to do diagnostic testing. The technologists and doctors are specialists in Nuclear Medicine. When your scan is completed a report will be sent to your doctor, and he will discuss the results with you.

Gallium has been in common use for the past four years. We have used it in our department for over three years. It is very safe, more so than penicillin. None of our patients have had a reaction of any type to the injection of gallium. The amount of radiation to you from this study is very small, so small that there is no measurable effect.

The first part of your gallium scan is the injection. This is similar to having blood drawn for a lab test. In some cases the first scan will be done within a few hours of the injection. Usually the first scan is done 48 or 72 hours later. Timing is very important. Once the injection is made you must adhere to the schedule for the scans.

To obtain the best quality scans we need your help. The following preparations are very important:

On the day before the scan: DATE: Wed April 20

1. Eat a light lunch
2. At 3 p.m. take 1 bottle (2½ oz) X-PREP LIQUID.
   Follow with 1 cup of water
3. Eat a very light dinner, clear liquids preferable.
   Nothing except liquid after dinner.

On the day of the scan: DATE: Thurs. April 21 10:00

1. Only liquids for breakfast.

Occassionally it is necessary to repeat the above procedure and be re-scanned the following day.

Should you have any questions regarding the scheduling, preparation or other details of the gallium scan, please call the Department of Nuclear Medicine at 563-3160.

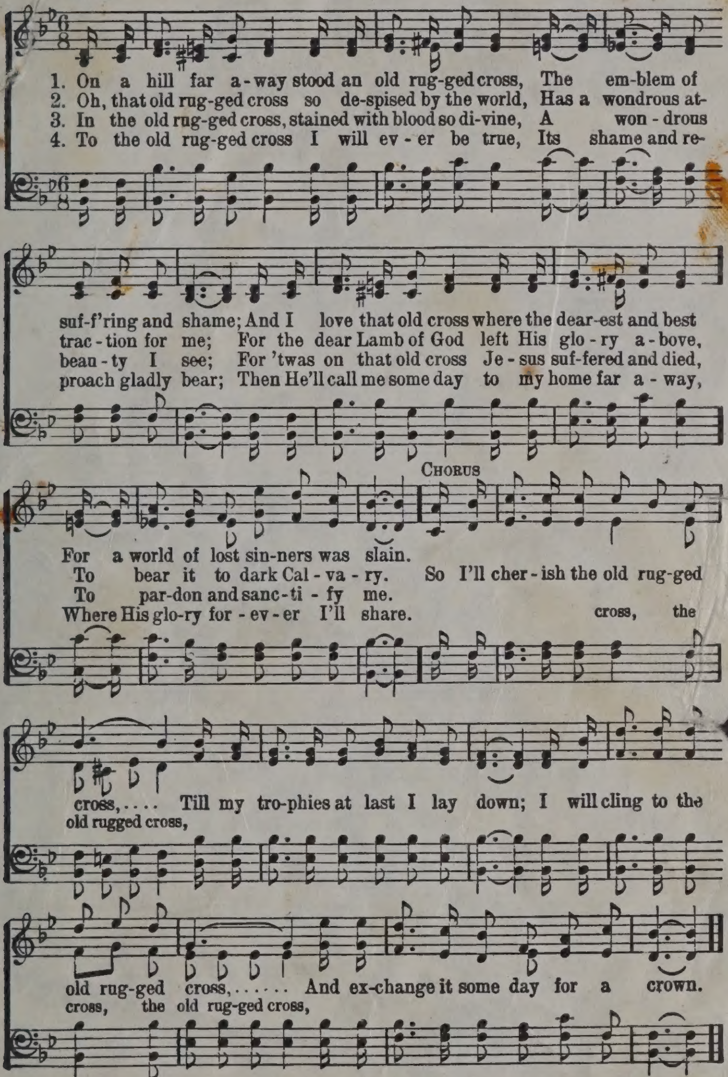
Retired
Nov. 15, 1968
Nurses Assistant
Edgemoor
Hospital
Employee # 35794

Leukemia
Cobalt

The Old Rugged Cross

G. B.

Geo. Bennard


1. On a hill far a-way stood an old rug-ged cross, The em-blem of
2. Oh, that old rug-ged cross so de-spised by the world, Has a wondrous at-
3. In the old rug-ged cross, stained with blood so di-vine, A won-drous
4. To the old rug-ged cross I will ev-er be true, Its shame and re-
suf-f'ring and shame; And I love that old cross where the dear-est and best
trac-tion for me; For the dear Lamb of God left His glo-ry a-bove,
beau-ty I see; For 'twas on that old cross Je-sus suf-fered and died,
proach gladly bear; Then He'll call me some day to my home far a-way,
For a world of lost sin-ners was slain.
To bear it to dark Cal-va-ry.
To par-don and sanc-ti-fy me.
Where His glo-ry for-ev-er I'll share.
Chorus
So I'll cher-ish the old rug-ged
cross, the
cross, ... Till my tro-phies at last I lay down; I will cling to the
old rugged cross,
old rug-ged cross, ... And ex-change it some day for a crown.
cross, the old rug-ged cross,

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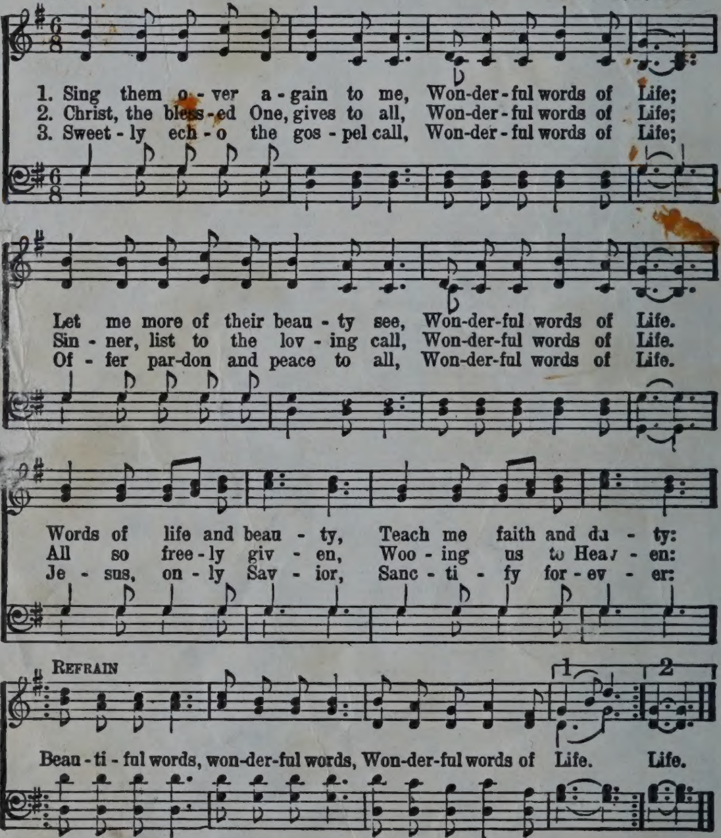
Youthspiration

POCKET HYMNAL

Volume One

1 Wonderful Words of Life

P. P. Bliss P. P. Bliss

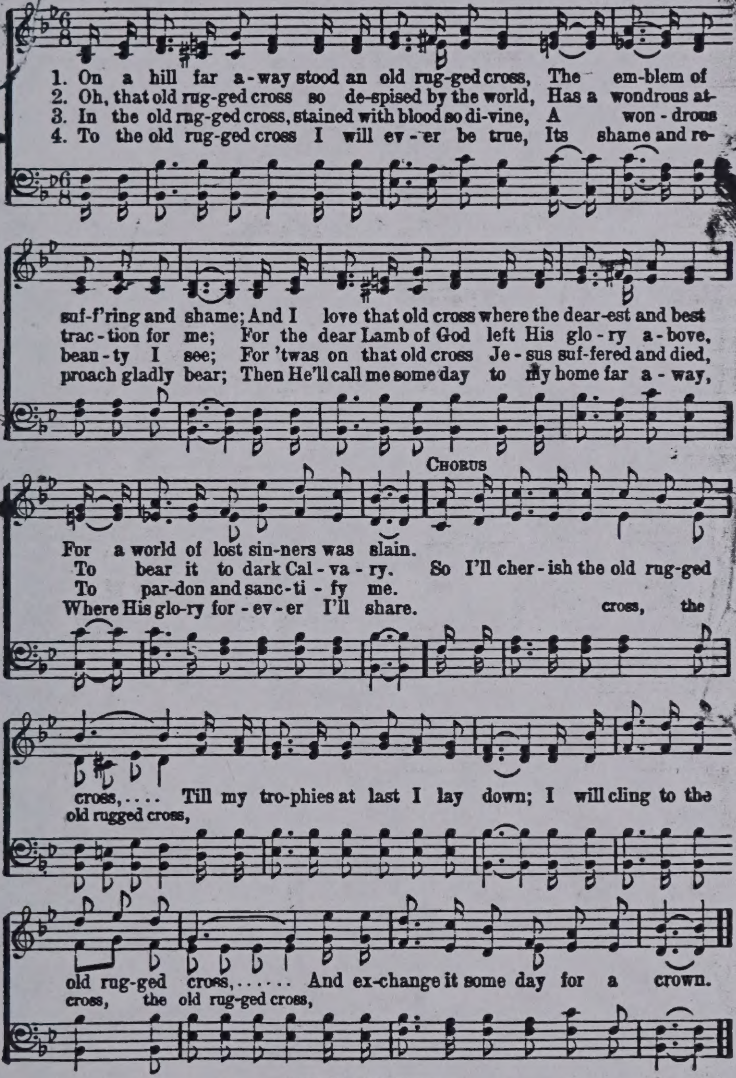

1. Sing them o - ver a - gain to me, Won-der - ful words of Life;
2. Christ, the bless - ed One, gives to all, Won-der - ful words of Life;
3. Sweet - ly ech - o the gos - pel call, Won-der - ful words of Life;
Let me more of their beau - ty see, Won-der-ful words of Life.
Sin - ner, list to the lov - ing call, Won-der-ful words of Life.
Of - fer par-don and peace to all, Won-der-ful words of Life.
Words of life and beau - ty, Teach me faith and du - ty:
All so free - ly giv - en, Woo - ing us to Heav - en:
Je - sus, on - ly Sav - ior, Sanc - ti - fy for - ev - er:
Refrain
Beau - ti - ful words, won-der-ful words, Won-der-ful words of Life.
Life.
1
2

2

The Old Rugged Cross

G. B.

Geo. Bennard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3. In the old rug-ged cross, stained with blood so di-vine, A won-drous
4. To the old rug-ged cross I will ev-er be true, Its shame and re-
suf-f'ring and shame; And I love that old cross where the dear-est and best
trac-tion for me; For the dear Lamb of God left His glo-ry a-bove,
beau-ty I see; For 'twas on that old cross Je-sus suf-fered and died,
proach gladly bear; Then He'll call me some day to my home far a-way,
For a world of lost sin-ners was slain.
To bear it to dark Cal-va-ry.
To par-don and sanc-ti-fy me.
Where His glo-ry for-ev-er I'll share.
Chorus
So I'll cher-ish the old rug-ged
cross, the
cross,.... Till my tro-phies at last I lay down; I will cling to the
old rugged cross,
old rug-ged cross,...... And ex-change it some day for a crown.
cross, the old rug-ged cross,

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Lillie Aloren Ham (Wood)
Born August 30, 1910
Passed away June 6, 1977 at 5:10 pm
on a Monday in Kaiser Hospital
San Diego, Calif.

Services Friday - 12 noon
Salli - Lynn Chapel
Greenwood Memorial Park
43rd at Market St,
San Diego, Calif.

if off Freeway 805 and Imperial Ave
San Diego 92112

Visit hours where Wed + Thurs.
2:00 pm till 9:00 pm

Closed Casket Service

Songs

1. Old Rugged Cross
2. He Understands
3. Nearer The Heart of God
To God Glory

1 In the Garden
2 my Tribute
3 To God be the Glory

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2. My Tribute
3. To God be the Glory

LAST WILL
and
TESTAMENT
of

Herbert R Ham

Lillie A Ham

Last Will and Testament

I, Lillie A. Ham,

a resident of the County of San Diego, State of California, hereby make and declare this to be my last Will and revoke all other Wills and Codicils previously made by me.

FIRST: I declare that the members of my immediate family, including my spouse and children, both living and deceased, are as follows:

		Grandchildren	Robin M. Pittman
Husband.	Herbert R. Ham	Debra L. Horton	Kyle A. Pittman
Son.	Donald L. Ham	Dale E Horton	Karen M. Salisbury
Doughter.	Bennie Lee Horton	Randy S Salisbury	Lori D. Pittman
	willie Lee Salisbury	Gayle W Horton	craig neal Pittman
	maryalice Pittman	cynthia D. Salisbury	Carrie Aleren Pittman
		Barbara Diane Ham	
		Donald L. Ham	
		Sandra D. Ham (Deceased)	

SECOND: I hereby give, devise and bequeath, all my property, to the following:

Herbert R. Ham. if living. otherwise to my children

Bennie L. Horton
willie L. Salisbury
Donald Ham
maryalice Pittman
share and share alike

THIRD: I nominate and appoint Clifford E. Horton to serve as my executor, and if this person fails to qualify, then I nominate ____________, as my alternate executor, and my executor shall serve without bond and shall have the power to deal with the property of my estate without court order insofar as permitted by the laws of this State.

FOURTH: I nominate and appoint ____________ as guardian of the person and property of my minor children.

This Will was signed by me on the 27 day of Feb. 1967

Lillie A. Ham

THE FOREGOING INSTRUMENT, consisting of this page only, was signed on the above date by ____________, hereinafter referred to as Maker, in our presence, we being present at the same time, and the Maker then declared to us that such instrument was the Maker's last Will; and we, at the request of the Maker and in the Maker's presence and in the presence of each other, have signed such instrument as witnesses. We further declare at the time of signing of this Will, the Maker appeared to be of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influences of any person whomsoever.

William R Bowling residing at 990 E Washington El Cajon Calif
Signature of Witness

Alma L Bowling residing at 990 E Washington El Cajon Calif
Signature of Witness

Erma L. Hodges residing at 82-563 Requa Indio Cal
Signature of Witness

This standard form covers most usual problems. Before you sign, read it, fill in all blanks, and make proper changes to your personal situation. Consult a lawyer if you doubt the form's fitness for your purpose. Witnesses should be over 21, and should not otherwise be named or mentioned in this will. Be sure and fill in date.

March 21, 1977

This is my last will and testament to be added to the first will, to be carried out after Herbert is gone. unless he wishes to give them up befor.

I would like each one of the family to have back what they have gave me. also each family to have the Pictures of their family. the other's to be divided

I have three ~~Pie~~ heavy Pie Pan's that was mama. I would like Bennie willie and maryalice to have one each.

also the grandsons to have a keep sack if they want one.

Bennie to get the set of dishes she gave me and any thing with he name on it.

willie gets my Ruby ring old cook books, Papa Bible mama wedding ring. the small bean Pot she gave me.

maryalice gave me the electric Skillet

Page 2.

(slow cooker)
electric crock Pot. Presto cooker and some
cut glass.
Jackie has give me a lot of cut glass
she is to get back.
Debbie is to have my Bible.
Gayle my Polodoid camera I received
at my retirement Party nov.15 1968
Cindy would like my chair.
Diane to have my Silverware.
Robin my Sewing machine.
Karen my calulator.
Lori my Radio.
Carrie my other set of dishes.
if there is something elce they
really want. I would like them to have
it.

Lillie Horn

AFFIDAVIT OR DECLARATION OF SURVIVOR(S) OF RIGHT TO SUCCEED TO PROPERTY OF DECEDENT
(Probate Code, Sec 630; Code of Civil Procedure, Sec 2015.5)

STATE OF California)
) ss
County of San Diego)

Herbert Ham certifies/declares

1. That (1) Herbert Ham
(2) (3)
(4) (5)
is/~~are~~ the surviving spouse.

2. That Lillia A. Ham died on June 6, 1977, and at the time of her death was entitled to payment due from the Board of Retirement of the County of San Diego, the sum of Twelve and 51/100------------------, ($12.51) on account of final retirement allowance for the period 6/1-6/77 (plus medicare refund of $7.20)

3. That said decedent left no real property, nor interest therein nor lien thereon, in the State of California;

4. That the total value of the decedent's property in the State of California, over and above any amounts due to the decedent for services in the armed forces of the United States and over and above the amount of salary not exceeding $3,000.00, including compensation for unused vacation, owing to decedent for services from any employment, does not exceed $3,000.00.

5. That the person(~~s~~) named in Paragraph 1, as the surviving spouse of decedent

(a) has/~~have~~ the right to succeed to the property of the decedent

(b) is/~~are~~ the sole beneficiary/~~beneficiaries~~ under the last will and testament of the decedent

6. That this declaration/affidavit is made for the purpose of collecting the sum of $19.71 total due the decedent from the Board of Retirement of the County of San Diego, as provided in Section 630 of the Probate Code of the State of California

I declare under penalty of perjury that the foregoing is true and correct.

Executed on ______________, at San Diego, California.
(date)

*Subscribed and sworn to before me, on

____
(date)

Signature of Affiant/Declarer

____
Notary Public in and for the County of

______________, State of ______________
(SEAL)

Address

*Cross out if declaration is under penalty of perjury. Declaration under penalty of perjury is valid only if executed in State of California.

NOTES:
1. Insert named and whether (a) the surviving spouse, (b) the children and lawful issue of deceased children, (c) the parent(s), (d) the brothers and sisters of the decedent and lawful issue thereof if deceased. (a),(b),(c),(d) is the order of succession that survivor(s) is/are entitled to succeed.
5. Delete (a) or (b) as applicable.
This declaration/affidavit may be used for multiple signatures, provided additional space is allowed; or individual declarations/affidavits may be executed setting forth all the facts.

R-104

(over)

SURVIVORSHIP INFORMATION AND QUESTIONS

One copy of the Survivor's Affidavit is required in order to obtain an uncollected payment. (This copy is necessary to cash the warrant of a deceased recipient, providing the recipient was entitled to the warrant).

SIGNING AFFIDAVITS AND ENDORSING WARRANT

Affidavits: The names and signatures of all survivors entitled to succeed, or sole beneficiary, must appear on all copies of the affidavits required.

Warrant: To endorse the warrant of the deceased, one of the survivors writes the name of the deceased as it appears on the warrant, and his own signature underneath the name. The signatures of all other survivors entitled to succeed must appear beneath the decedent's name. The signature(s) of the survivor(s) is to be preceded with the word "by".

THE FOLLOWING QUESTIONS ARE TO ASSIST PERSON COMPLETING SURVIVOR'S AFFIDAVIT:

(1) Date of death______________________________(2) Was there a will? Yes___No____

(3) Is estate being probated? Yes___No___. If the answer to (3) is "yes", the disbursement must proceed through the executor or administrator of the estate. This person may file the necessary letters of administration with the Treasurer and obtain the payment. In this situation, this affidavit is not necessary. If the estate is not being probated, Survivor's Affidavits may be used only by next of kin designated as sole beneficiary in the last will and testament or by person(s) entitled to succeed to estate as next of kin. Refer to Section 630, Probate Code, for information regarding next of kin having a right to succeed to decedent's property.

(4) Are there other survivors? Yes___No___. List their names on the front of the affidavit in the column of their relationship to deceased.

(5) Did decedent leave any real property; have any interest in or lien on real property? Yes___No___. If the answer is "yes", this affidavit may not be used, unless ALL real property was in joint tenancy.

(6) What is the total value of the decedent's personal property in this state, not including salary and compensation for unused vacation of less than $3,000.00 due the decedent from employment, and not including money due from services in the Armed Forces of the United States? $______________________________.
If the answer is $3,000.00 or more, this affidavit cannot be used, and the survivor(s) should seek legal assistance. If the answer is less than $3,000.00, Section 630 of the California Probate Code authorizes the disposition of the decedent's estate without administration when such estate consists entirely of personal property. (The value of a motor vehicle owned by the decedent can be excluded from the value of the estate).

SURVIVORSHIP INFORMATION AND QUESTIONS

One copy of the Survivor's affidavit is required in order to obtain an uncollected payment. (This copy is necessary to cash the warrant of a deceased recipient, providing the recipient was entitled to the warrant).

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THE FOLLOWING QUESTIONS ARE TO ASSIST PERSON COMPLETING SURVIVOR'S AFFIDAVIT:

(1) Date of death_____________________ (2) Was there a will? Yes__No__

(3) Is estate being probated? Yes__No__. If the answer to (3) is "yes", the disbursement must proceed through the executor or administrator of the estate. This person may file the necessary letters of administration with the Treasurer and obtain the payment. In this situation, this affidavit is not necessary. If the estate is not being probated, Survivor's affidavits may be used only by next of kin designated as sole beneficiary in the last will and testament or by person(s) entitled to succeed to estate as next of kin. Refer to Section 630, Probate Code, for information regarding next of kin having a right to succeed to decedent's property.

(4) Are there other survivors? Yes__No__. List their names on the front of the affidavit in the column of their relationship to deceased.

(5) Did decedent leave any real property, have any interest in or lien on real property? Yes__No__. If the answer is "yes", this affidavit may not be used, unless all real property was in joint tenancy.

(6) What is the total value of the decedent's personal property in this state, not including salary and compensation for unused vacation of less than $1,000.00 due the decedent from employment, and not including money due from services in the Armed Forces of the United States? $__________
If the answer is $5,000.00 or more, this affidavit cannot be used, and the survivor(s) should seek legal assistance. If the answer is less than $5,000.00, Section 630 of the California Probate Code authorizes the disposition of the decedent's estate without administration when such estate consists entirely of personal property. (The value of a motor vehicle owned by the decedent can be excluded from the value of the estate).

RECORD OF BIRTHS

Form 7942—RECORD OF BIRTHS—Revised 3-11-40. J. S. Barnett, Inc., Waco

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

COUNTY OF Hamilton

CITY OR PRECINCT NO. Hamilton, Texas NO. ST.
If in an Institution, give name of Institution instead of Street and Number

2. FULL NAME OF CHILD Lillie Allorian Wood

3. Sex Female	If Plural Births 4. Twin, Triplet, or Other 5. Number, in Order of Birth	6. Legitimate? Yes	7. Date of Birth August (Month) 30 (Day) 19 10 (Year)

FATHER		MOTHER	
8. Full Name	Arthur E. Wood	14. Full Maiden Name	Dora Littlepage
9. Residence at Time of This Birth	Hamilton Texas	15. Residence at Time of This Birth	Hamilton Texas
10. Color or Race	White	16. Color or Race	White
11. Age at Time of This Birth	28 (years)	17. Age at Time of This Birth	24 (years)
12. Birthplace (City or Place) (State or Country)	Texas	18. Birthplace (City or Place) (State or Country)	Texas
Occupation 13A. Trade, Profession, or Kind of Work Done	Farming	Occupation 19A. Trade, Profession, or Kind of Work Done	Housewife
13B. Industry or Business in Which Work was Done	Farm	19B. Industry or Business in Which Work was Done	Home
20. Number of Children of This Mother Including This Child	3	21. Born Alive and Now Living	3

22. I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD, BORN ALIVE AT 2 A. M. ON THE DATE STATED ABOVE.

Signature A.E.Wood Address Rt.-2, Snyder, Texas

STATE OF TEXAS
COUNTY OF

MEDICAL ATTENDANT'S AFFIDAVIT*

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED:

______________ (Name of Affiant), KNOWN TO ME TO BE THE PERSON WHO SIGNED THE FOREGOING CERTIFICATE, WHO ON OATH DEPOSES AND SAYS: THAT HE/SHE WAS THE ATTENDANT AT THIS BIRTH, AND THAT HE/SHE IS FILING ON THIS DATE THIS CERTIFICATE OF BIRTH OF ______________ (Name Appearing on Certificate), WHO WAS BORN ON THE ______ DAY OF ______________ (Month), ______ (Year), IN LIEU OF A CERTIFICATE THAT CANNOT NOW BE FOUND, OR WHICH WAS NOT FILED AT THE TIME, AND THAT THE FACTS STATED IN THE CERTIFICATE ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

SIGNED: ______________
(Name of Attendant)

SWORN TO AND SUBSCRIBED BEFORE ME, THIS ______ DAY OF ______________ (Month), 19____

(SEAL)

____
(Signature of the Notary Public)

Notary Public In and For ______________ County, Texas.

SURVIVORSHIP INFORMATION AND QUESTIONS

One copy of the Survivor's Affidavit is required in order to obtain an unsolicited payment. (This copy is necessary to cash the warrant of a deceased recipient, providing the recipient was entitled to the warrant).

SIGNING AFFIDAVITS AND ENDORSING WARRANT

Affidavits: The names and signatures of all survivors entitled to succeed, or sole beneficiary, must appear on all copies of the affidavits required.

Warrant: To endorse the warrant of the deceased, one of the survivors writes the name of the deceased as it appears on the warrant, and his own signature underneath the name. The signatures of all other survivors entitled to succeed must appear beneath the decedent's name. The signature(s) of the survivor(s) is to be preceded with the word "by".

THE FOLLOWING QUESTIONS ARE TO ASSIST PERSON COMPLETING SURVIVOR'S AFFIDAVIT

(1) Date of death____________________ (2) Was there a will? Yes__No____

(3) Is estate being probated? Yes__No___. If the answer to (3) is "yes", the disbursement must proceed through the executor or administrator of the estate. This person may file the necessary letters of administration with the Treasurer and obtain the payment. In this situation, this affidavit is not necessary. If the estate is not being probated, Survivor's Affidavits may be used only by next of kin designated as sole beneficiary in the last will and testament or by person(s) entitled to succeed to estate as next of kin. Refer to section 630, Probate Code, for information regarding next of kin having a right to succeed to decedent's property.

(4) Are there other survivors? Yes__No___. List their names on the front of the affidavit in the column of their relationship to deceased.

(5) Did decedent leave any real property, have any interest in or lien on real property? Yes__No___. If the answer is "yes", this affidavit may not be used, unless all real property was in joint tenancy.

(6) What is the total value of the decedent's personal property in this state, not including salary and compensation for unused vacation of less than $3,000.00 due the decedent from employment, and not including money due from services in the Armed Forces of the United States? $____________________
If the answer is $5,000.00 or more, this affidavit cannot be used, and the survivor(s) should seek legal assistance. If the answer is less than $5,000.00, section 630 of the California Probate Code authorizes the disposition of the decedent's estate without administration when such estate consists entirely of personal property. (The value of a motor vehicle owned by the decedent can be excluded from the value of the estate).

RECORD OF BIRTHS

Form 7942—RECORD OF BIRTHS—Revised 3-11-40. J. S. Barnett, Inc., Waco

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

COUNTY OF Hamilton

CITY OR PRECINCT NO. Hamilton, Texas NO. ST.
If in an Institution, give name of Institution instead of Street and Number

2. FULL NAME OF CHILD Lillie Allorian Wood

3. Sex Female	If Plural Births 4. Twin, Triplet, or Other 5. Number, in Order of Birth	6. Legitimate? Yes	7. Date of Birth August (Month) 30 (Day) 19 10 (Year)

FATHER		MOTHER	
8. Full Name	Arthur E. Wood	14. Full Maiden Name	Dora Littlepage
9. Residence at Time of This Birth	Hamilton Texas	15. Residence at Time of This Birth	Hamilton Texas
10. Color or Race	White	16. Color or Race	White
11. Age at Time of This Birth	28 (years)	17. Age at Time of This Birth	24 (years)
12. Birthplace (City or Place) (State or Country)	Texas	18. Birthplace (City or Place) (State or Country)	Texas
Occupation 13A. Trade, Profession, or Kind of Work Done	Farming	Occupation 19A. Trade, Profession, or Kind of Work Done	Housewife
13B. Industry or Business in Which Work was Done	Farm	19B. Industry or Business in Which Work was Done	Home
20. Number of Children of This Mother Including This Child	3	21. Born Alive and Now Living	3

22. I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD, BORN ALIVE AT 2 A. M. ON THE DATE STATED ABOVE.

Signature A.E.Wood Address Rt.-2, Snyder, Texas

STATE OF TEXAS
COUNTY OF

MEDICAL ATTENDANT'S AFFIDAVIT*

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED: ________ (Name of Affiant), KNOWN TO ME TO BE THE PERSON WHO SIGNED THE FOREGOING CERTIFICATE, WHO ON OATH DEPOSES AND SAYS: THAT HE/SHE WAS THE ATTENDANT AT THIS BIRTH, AND THAT HE/SHE IS FILING ON THIS DATE THIS CERTIFICATE OF BIRTH OF ________ (Name Appearing on Certificate) WHO WAS BORN ON THE ____ DAY OF ____ (Month), ____ (Year), IN LIEU OF A CERTIFICATE THAT CANNOT NOW BE FOUND, OR WHICH WAS NOT FILED AT THE TIME, AND THAT THE FACTS STATED IN THE CERTIFICATE ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

SIGNED: ________ (Name of Attendant)

SWORN TO AND SUBSCRIBED BEFORE ME, THIS ____ DAY OF ____ (Month), 19__

(SEAL)

________ (Signature of the Notary Public)

Notary Public In and For ________ County, Texas.

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT A

BEFORE ME ON THIS DAY APPEARED A.E.Wood KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood (Name Appearing on Certificate) ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.

SIGNED: A.E.Wood

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41

(seal)

J.P.Billingsley County Clerk

(SEAL)

~~Notary Public~~ In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT B

BEFORE ME ON THIS DAY APPEARED W.D.Day KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood (Name Appearing on Certificate), ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ IS ACQUAINTED WITH THE FACTS AND THAT HE ~~SHE~~ IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.

SIGNED: W.D.Day

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41

(seal)

Edgar Taylor

(SEAL)

Notary Public In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO. 614, 46TH LEG., R. S. 1939. IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED ~~BE NOT ACCEPTED~~ BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.

SIGNED: J.B.Pool CO. JUDGE

DATE August 11 19 41 OF Hamilton CO.

*This section is to be filled out if the affidavit of the medical attendant can be secured. If it cannot be secured, Affidavits A and B must be filled out.

RECORDED THIS 11 DAY OF August, 19 41

WHEN A BIRTH OCCURS IN THE FAMILY OF AN EX-SERVICE MAN, the State Board of Health requests the medical attendant to fill out the following blank in order that the compensation due the family of an ex-service man because of such birth may be more quickly settled.

(1) Is the father reported to have been in such service?
(2) Name of organization in which service was rendered
(3) Serial Number of Discharge Papers or Adjusted Service Certificate
(4) Name of Mother, if a widow
Post Office Address
Information furnished by

The Local Registrar who accepts a certificate of a birth in the family of an ex-service man, is requested by the State Board of Health to notify the nearest American Legion Post immediately.

THE STATE OF TEXAS }
COUNTY OF HAMILTON }

I, GENEVIEVE M. CLARK, Clerk County Court in and for Hamilton County, Texas, hereby certify that the above and foregoing is a true and correct copy of Birth of Lillie Alarian Wood as the same appears of record in Vol. D 1, Page 330 of the Birth Records of Hamilton County, Texas.

Given under my hand and seal of office this 4 day of Aug A, D, 1967.

Genevieve Clark
Clerk County Court Hamilton
County, Texas.

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

COUNTY OF Hamilton

CITY OR PRECINCT NO. Hamilton Texas.

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Lillie Allorian Wood

3. SEX	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE?	7. DATE OF BIRTH
Female			Yes	August 20, 1910

FATHER		MOTHER	
8. FULL NAME	Arthur E. Wood	14. FULL MAIDEN NAME	Dora Littlepage
9. RESIDENCE AT TIME OF THIS BIRTH	Hamilton, Texas.	15. RESIDENCE AT TIME OF THIS BIRTH	Hamilton, Texas.
10. COLOR OR RACE	White	16. COLOR OR RACE	White
11. AGE AT TIME OF THIS BIRTH	28 YEARS	17. AGE AT TIME OF THIS BIRTH	24 YEARS
12. BIRTHPLACE (STATE OR COUNTRY)	Texas	18. BIRTHPLACE (STATE OR COUNTRY)	Texas
Occupation 13A. TRADE, PROFESSION OR KIND OF WORK DONE	Farming.	Occupation 19A. TRADE, PROFESSION OR KIND OF WORK DONE	Housewife
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	Farm	19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	Home
20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH	3	21. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING	3

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS ~~STILLBORN~~ BORN ALIVE AT 2 A. M. ON THE DATE STATED ABOVE.

22. SIGNATURE A. E. Wood ADDRESS Rt. 2 Snyder, Texas

AFFIDAVIT A

STATE OF TEXAS

COUNTY OF Scurry

BEFORE ME ON THIS DAY APPEARED A. E. Wood known to me to be the person who signed the certificate attached hereto, who on oath deposes and says that the facts stated in the foregoing Birth Certificate of Lillie Allorin Wood. (NAME APPEARING ON CERTIFICATE) are true and correct to the best of ~~HER~~ HIS knowledge and belief, and that ~~SHE~~ HE was acquainted with the facts at the time of the event.

SIGNATURE A. E. Wood

Sworn to and Subscribed before me, this 8 day of August, 1941

J. P. Billingsley

(SEAL) Co.Clerk ~~Notary Public~~ in and for Scurry County, Texas.

AFFIDAVIT B

STATE OF TEXAS

COUNTY OF Scurry

BEFORE ME ON THIS DAY APPEARED W. D. Day known to me to be the person who signed this affidavit, who on oath deposes and says that the facts stated in the foregoing Birth Certificate of Lillie Allorin Wood (NAME APPEARING ON CERTIFICATE) are true and correct to the best of HIS ~~HER~~ knowledge and belief, and that ~~SHE~~ HE is acquainted with the facts and that ~~SHE~~ HE is not related to the individual by blood or marriage.

SIGNATURE W. D. Day

Sworn to and Subscribed before me, this 8 day of August, 1941

Edgar Taylor

(SEAL) Notary Public in and for Scurry County, Texas.

STATE OF TEXAS

COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood attached hereto, was submitted to this Court, as provided for in H. B. No. 614, 46th Leg., R. S., 1939.

It is the order of this Court that this record ~~BE NOT ACCEPTED~~ BE ACCEPTED by the State Registrar for filing in the State Bureau of Vital Statistics.

SIGNATURE J. B. Pool CO. JUDGE

Date August 11 1 OF Hamilton COUNTY.

MILITARY EX-SERVICE RECORD OF FATHER

(1) Is the father reported to have been in such service?

(2) Name of organization in which service was rendered

(3) Serial Number of Discharge Papers or Adjusted Service Certificate

The State of Texas
County of Hamilton) I, Ira Moore, Clerk of the County Court in and for Hamilton County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the Birth Certificate of Lillie Allorian Wood, as the same appears registered in Book 1, page 330, of the Birth Register of Hamilton County Texas.

Given under my hand and seal of office at Hamilton, Texas, this the 11th day of August, A. D. 1941.

Ira Moore, County Clerk
Hamilton County, Texas;

H. B. 614, 46th Leg., Reg. Ses. 1939 **Effective June 2, 1939**

(The following paragraphs taken from that Act control the manner of preparing old date birth or death certificates.)

"And provided further, that any citizen of the State of Texas wishing to file the record of any birth or death, not previously registered, may submit to the Probate Court in the County where the birth or death occurred, a record of that birth or death written on the adopted forms of birth and death certificates. The certificate shall be substantiated by the affidavit of the medical attendant present at the time of the birth, or in the case of death, the affidavit of the physician last in attendance upon the deceased, or the undertaker who buried the body. When the affidavit of the medical attendant or undertaker cannot be secured, the certificate shall be supported by the affidavit of some person who was acquainted with the facts surrounding the birth or death, at the time the birth or death occurred, with a second affidavit of some person who is acquainted with the facts surrounding the birth or death, and who is not related to the individual by blood or marriage. The Probate Court shall require such other information or evidence as may be deemed necessary to establish the citizenship of the individual filing the certificate, and the truthfulness of the statements made in that record.

"The Clerk of the said Court shall forward the certificate to the State Bureau of Vital Statistics with an order from the Court to the State Registrar that the record be, or be not, accepted.

"The State Registrar is authorized to accept the certificate when verified in the above manner, and shall issue certified copies of such records as provided for in Section 21 of this Act. Such certified copies shall be prima facie evidence in all Courts and places of the facts stated thereon. The State Bureau of Vital Statistics shall furnish the forms upon which such records are filed, and no other form shall be used for that purpose."

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

COUNTY OF Hamilton

CITY OR PRECINCT NO. Hamilton Texas.

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Lillie Allorian Wood

3. SEX	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE?	7. DATE OF BIRTH
Female			Yes	August 20, 1910

FATHER		MOTHER	
8. FULL NAME	Arthur E. Wood	14. FULL MAIDEN NAME	Dora Littlepage
9. RESIDENCE AT TIME OF THIS BIRTH	Hamilton, Texas.	15. RESIDENCE AT TIME OF THIS BIRTH	Hamilton, Texas.
10. COLOR OR RACE	White	16. COLOR OR RACE	White
11. AGE AT TIME OF THIS BIRTH	28 YEARS	17. AGE AT TIME OF THIS BIRTH	24 YEARS
12. BIRTHPLACE (STATE OR COUNTRY)	Texas	18. BIRTHPLACE (STATE OR COUNTRY)	Texas
Occupation 13A. TRADE, PROFESSION OR KIND OF WORK DONE	Farming	Occupation 19A. TRADE, PROFESSION OR KIND OF WORK DONE	Housewife
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	Farm	19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	Home
20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH	3	21. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING	3

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE ~~STILLBORN~~ AT 2 A. M. ON THE DATE STATED ABOVE.

22. SIGNATURE A. E. Wood ADDRESS Rt. 2 Snyder, Texas

AFFIDAVIT A

STATE OF TEXAS

COUNTY OF Scurry

BEFORE ME ON THIS DAY APPEARED A. E. Wood known to me to be the person who signed the certificate attached hereto, who on oath deposes and says that the facts stated in the foregoing Birth Certificate of Lillie Allorin Wood. (NAME APPEARING ON CERTIFICATE) are true and correct to the best of HIS ~~HER~~ knowledge and belief, and that HE ~~SHE~~ was acquainted with the facts at the time of the event.

SIGNATURE A. E. Wood

Sworn to and Subscribed before me, this 8 day of August, 1941

J. P. Billingsley

(SEAL) Co.Clerk ~~Notary Public~~ in and for Scurry County, Texas.

AFFIDAVIT B

STATE OF TEXAS

COUNTY OF Scurry

BEFORE ME ON THIS DAY APPEARED W. D. Day known to me to be the person who signed this affidavit, who on oath deposes and says that the facts stated in the foregoing Birth Certificate of Lillie Allorin Wood (NAME APPEARING ON CERTIFICATE) are true and correct to the best of HIS HER knowledge and belief, and that HE ~~SHE~~ is acquainted with the facts and that HE ~~SHE~~ is not related to the individual by blood or marriage.

SIGNATURE W. D. Day

Sworn to and Subscribed before me, this 8 day of August, 1941

Edgar Taylor

(SEAL) Notary Public in and for Scurry County, Texas.

STATE OF TEXAS

COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood attached hereto, was submitted to this Court, as provided for in H. B. No. 614, 46th Leg., R. S., 1939.

It is the order of this Court that this record BE ACCEPTED ~~BE NOT ACCEPTED~~ by the State Registrar for filing in the State Bureau of Vital Statistics.

SIGNATURE J. B. Pool CO. JUDGE

Date August 11, 1941 OF Hamilton COUNTY.

MILITARY EX-SERVICE RECORD OF FATHER

(1) Is the father reported to have been in such service?

(2) Name of organization in which service was rendered

(3) Serial Number of Discharge Papers or Adjusted Service Certificate

The State of Texas
County of Hamilton) I, Ira Moore, Clerk of the County Court in and for Hamilton County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the Birth Certificate of Lillie Allorian Wood, as the same appears registered ~~in Book 1, page 330, of the Birth Register of~~ Hamilton County Texas.

Given under my hand and seal of office at Hamilton, Texas, this the 11th day of August, A. D. 1941.

Ira Moore
~~Ira Moore, County Clerk~~
Hamilton County, Texas;

H. B. 614, 46th Leg., Reg. Ses. 1939 **Effective June 2, 1939**

(The following paragraphs taken from that Act control the manner of preparing old date birth or death certificates.)

"And provided further, that any citizen of the State of Texas wishing to file the record of any birth or death, not previously registered, may submit to the Probate Court in the County where the birth or death occurred, a record of that birth or death written on the adopted forms of birth and death certificates. The certificate shall be substantiated by the affidavit of the medical attendant present at the time of the birth, or in the case of death, the affidavit of the physician last in attendance upon the deceased, or the undertaker who buried the body. When the affidavit of the medical attendant or undertaker cannot be secured, the certificate shall be supported by the affidavit of some person who was acquainted with the facts surrounding the birth or death, at the time the birth or death occurred, with a second affidavit of some person who is acquainted with the facts surrounding the birth or death, and who is not related to the individual by blood or marriage. The Probate Court shall require such other information or evidence as may be deemed necessary to establish the citizenship of the individual filing the certificate, and the truthfulness of the statements made in that record.

"The Clerk of the said Court shall forward the certificate to the State Bureau of Vital Statistics with an order from the Court to the State Registrar that the record be, or be not, accepted.

"The State Registrar is authorized to accept the certificate when verified in the above manner, and shall issue certified copies of such records as provided for in Section 21 of this Act. Such certified copies shall be prima facie evidence in all Courts and places of the facts stated thereon. The State Bureau of Vital Statistics shall furnish the forms upon which such records are filed, and no other form shall be used for that purpose."

2 This goes together
on 1 sheet

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT A

BEFORE ME ON THIS DAY APPEARED A.E.Wood
KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.

SIGNED: A.E.Wood

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41
(seal)
J.P.Billingsley County Clerk
(SEAL)
~~Notary Public~~ In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT B

BEFORE ME ON THIS DAY APPEARED W.D.Day
KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ IS ACQUAINTED WITH THE FACTS AND THAT HE ~~SHE~~ IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.

SIGNED: W.D.Day

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41
(seal)
Edgar Taylor
(SEAL)
Notary Public In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood
ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO: 614, 46TH LEG., R. S. 1939.
IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED ~~BE NOT ACCEPTED~~ BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.

SIGNED: J.B.Pool CO. JUDGE
DATE August 11 19 41
OF Hamilton CO.

*This section is to be filled out if the affidavit of the medical attendant can be secured. If it cannot be secured, Affidavits A and B must be filled out.

RECORDED THIS 11 DAY OF August, 19 41.

WHEN A BIRTH OCCURS IN THE FAMILY OF AN EX-SERVICE MAN, the State Board of Health requests the medical attendant to fill out the following blank in order that the compensation due the family of an ex-service man because of such birth may be more quickly settled.

(1) Is the father reported to have been in such service?
(2) Name of organization in which service was rendered
(3) Serial Number of Discharge Papers or Adjusted Service Certificate
(4) Name of Mother, if a widow
Post Office Address
Information furnished by

The Local Registrar who accepts a certificate of a birth in the family of an ex-service man, is requested by the State Board of Health to notify the nearest American Legion Post immediately.

3

was on back

THE STATE OF TEXAS }
COUNTY OF HAMILTON }

I, GENEVIEVE M. CLARK, Clerk County Court in and for Hamilton County, Texas, hereby certify that the above and foregoing is a true and correct copy of Birth of Lillie Alleran Wood as the same appears of record in Vol. D 1, Page 330 of the Birth Records of Hamilton County, Texas.

Given under my hand and seal of office this 4 day of Aug. A, D, 1967.

Genevieve Clark
Clerk County Court Hamilton
County, Texas.

2 This goes together
on 1 sheet

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT A

BEFORE ME ON THIS DAY APPEARED A.E.Wood
KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.

SIGNED: A.E.Wood

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41
(seal) J.P.Billingsley County Clerk
(SEAL) ~~Notary Public~~ In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT B

BEFORE ME ON THIS DAY APPEARED W.D.Day
KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ IS ACQUAINTED WITH THE FACTS AND THAT HE ~~SHE~~ IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.

SIGNED: W.D.Day

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41
(seal) Edgar Taylor
(SEAL) Notary Public In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood
ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO. 614, 46TH LEG., R. S. 1939.
IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED ~~BE NOT ACCEPTED~~ BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.

SIGNED: J.B.Pool CO. JUDGE
DATE August 11 19 41 OF Hamilton CO.

*This section is to be filled out if the affidavit of the medical attendant can be secured. If it cannot be secured, Affidavits A and B must be filled out.

RECORDED THIS 11 DAY OF August, 19 41.

WHEN A BIRTH OCCURS IN THE FAMILY OF AN EX-SERVICE MAN, the State Board of Health requests the medical attendant to fill out the following blank in order that the compensation due the family of an ex-service man because of such birth may be more quickly settled.

(1) Is the father reported to have been in such service?
(2) Name of organization in which service was rendered
(3) Serial Number of Discharge Papers or Adjusted Service Certificate
(4) Name of Mother, if a widow
Post Office Address
Information furnished by

The Local Registrar who accepts a certificate of a birth in the family of an ex-service man, is requested by the State Board of Health to notify the nearest American Legion Post immediately.

3

was on back

THE STATE OF TEXAS }
COUNTY OF HAMILTON }

I, GENEVIEVE M. CLARK, Clerk County Court in and for Hamilton County, Texas, hereby certify that the above and foregoing is a true and correct copy of birth of Lillie Alorian Wood as the same appears of record in Vol. D 1, Page 330 of the birth Records of Hamilton County, Texas.

Given under my hand and seal of office this 4 day of Aug. A, D, 1967.

Genevieve Clark
Clerk County Court Hamilton
County, Texas.

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

COUNTY OF Hamilton

CITY OR PRECINCT NO. Hamilton, Texas NO. ST.
If in an Institution, give name of Institution instead of Street and Number

2. FULL NAME OF CHILD Lillie Allorian Wood

3. Sex Female	If Plural Births 4. Twin, Triplet, or Other 5. Number, in Order of Birth	6. Legitimate? Yes	7. Date of Birth August 30 19 10 Month Day Year

FATHER		MOTHER	
8. Full Name	Arthur E. Wood	14. Full Maiden Name	Dora Littlepage
9. Residence at Time of This Birth	Hamilton Texas	15. Residence at Time of This Birth	Hamilton Texas
10. Color or Race	White	16. Color or Race	White
11. Age at Time of This Birth	28 (years)	17. Age at Time of This Birth	24 (years)
12. Birthplace (City or Place) (State or Country)	Texas	18. Birthplace (City or Place) (State or Country)	Texas
Occupation 13A. Trade, Profession, or Kind of Work Done	Farming	Occupation 19A. Trade, Profession, or Kind of Work Done	Housewife
13B. Industry or Business in Which Work was Done	Farm	19B. Industry or Business in Which Work was Done	Home
20. Number of Children of This Mother Including This Child	3	21. Born Alive and Now Living	3

22. I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD, BORN ALIVE AT 2 A. M. ON THE DATE STATED ABOVE.

Signature A.E.Wood Address Rt.-2, Snyder, Texas

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT A

BEFORE ME ON THIS DAY APPEARED A.E.Wood
KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.

SIGNED: A.E.Wood

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41

(seal)

J.P.Billingsley County Clerk

(SEAL)

~~Notary Public~~ In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Scurry

AFFIDAVIT B

BEFORE ME ON THIS DAY APPEARED W.D.Day
KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Lillie Allorin Wood
(Name Appearing on Certificate)
ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ IS ACQUAINTED WITH THE FACTS AND THAT HE ~~SHE~~ IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.

SIGNED: W.D.Day

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 8 DAY OF August, 19 41

(seal)

Edgar Taylor

(SEAL)

Notary Public In and For Scurry County, Texas.

STATE OF TEXAS
COUNTY OF Hamilton

THE BIRTH CERTIFICATE OF Lillie Allorin Wood
ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO. 614, 46TH LEG., R. S. 1939.
IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED ~~BE NOT ACCEPTED~~ BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.

SIGNED: J.B.Pool CO. JUDGE

DATE August 11 19 41 OF Hamilton CO.

*This section is to be filled out if the affidavit of the medical attendant can be secured. If it cannot be secured, Affidavits A and B must be filled out.

RECORDED THIS 11 DAY OF August, 19 41.

WHEN A BIRTH OCCURS IN THE FAMILY OF AN EX-SERVICE MAN, the State Board of Health requests the medical attendant to fill out the following blank in order that the compensation due the family of an ex-service man because of such birth may be more quickly settled.

(1) Is the father reported to have been in such service?
(2) Name of organization in which service was rendered
(3) Serial Number of Discharge Papers or Adjusted Service Certificate
(4) Name of Mother, if a widow
Post Office Address
Information furnished by

The Local Registrar who accepts a certificate of a birth in the family of an ex-service man, is requested by the State Board of Health to notify the nearest American Legion Post immediately.

A CERTIFIED COPY Birth Certificate

ATTEST: February 6, 19 87

VIRGINIA LOVELL, County Clerk
Hamilton County, Texas

By Deborah Rudolph

Volume D-1 Page 330

Official Receipt

County Clerk

HAMILTON CO.

HAMILTON, TEXAS

Date 2-6- 19 87

Received From Willie L Brown

CIVIL		
CRIMINAL		
PROBATE		
CERT. COPIES ML (2) BC (2)	14	00
FINANCING STATEMENTS		
RECORDING		
MARRIAGE LICENSES		
MISCELLANEOUS		
TOTAL	14	00

Rec'd. By DK

No. 47472

HAMILTON HERALD-NEWS - HAMILTON, TX 76531 6708-AF

GENEVIEVE M. CLARK
COUNTY CLERK, HAMILTON COUNTY
HAMILTON, TEXAS 76531

HAMILTON, TX
AUG 5
AM
1967
76531

5c U.S. POSTAGE

Mrs. Lillie Ham
670 So. Inga
El Cajon, California 92020

From the Desk of —
Genevieve M. Clark
County Clerk
Hamilton County, Texas

Mrs. Ham - The record shows your birth as Aug. 30, 1910. I am sending you a certified copy since there may be an error on your other one.

Sincerely
G. Clark

July 28, 1967

county clerk

In aug. 1941 my father [illegible] arthur E. wood and mother Dora alice (Littlepage) wood obtaind a birth certificate for me. Lillie aloren wood. since than they have both passed away. and I have noticed an error. the birth certificate has my birthday as aug. 20. 1910, and I have always been with the understanding my birthday was aug. 30, 1910 ~~and have went by that date,~~ I would like ~~very much~~ to have this error straighten out, and will pay the cost necessary. Please let me know what I must do to get it straighten out.

Thank you

Lillie Ham

670 South anza

Elcajon. Calif.

92020

P.S.

Registered in book 1.

Page 330. Hamilton,

Texas.

copy

The STATE OF TEXAS № 1176

Marriage License,

COUNTY OF DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge, of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

No.

Marriage License.

Herbert Ham

AND

Lillie Wood

Issued the 22 nd day of May 1929
Mrs Bessie Smith Clerk County Court
By ______ Deputy

Returned and Filed for Record the 23 rd day of May 1929 and recorded the 24 day of May 1929
Mrs Bessie Smith Clerk County Court
By ______ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

I Miss Bessie Smith Clerk, County Court, Donley County, Texas hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35 Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock A M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

By ______ Deputy.

The STATE OF TEXAS № 1176

Marriage License,

COUNTY OF

DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas:

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this, the 22nd day of May A.D. 1929

Mrs Bessie Smith
Clerk County Court.

Donley County, Texas.

By ____________ Deputy.

I J J Alexander hereby certify that on the 22nd day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22nd day of May A.D. 1929

J J Alexander
County Judge
Donley County Texas

Returned and filed for record the 23rd day of May 1929 and recorded the 24th day of May 1929

By ____________ Deputy.

Mrs Bessie Smith
County Clerk.

FORM 100-S THE E. L. STECK COMPANY-AUSTIN

Witness my official signature and seal of office
at office in Clarendon, Texas, this the 22nd
day of May A.D. 1929

Mrs. Bessie Smith
Clerk County Court.

Donley County, Texas.

By ____________ Deputy.

I J. J. Alexander hereby certify that
on the 22d day of May A.D. 1929
I united in Marriage Mr Herbert Ham and
Miss Lillie Wood the parties above named
Witness my hand this 22d day of May A.D. 1929

J. J. Alexander
County Judge
Donley County Texas

Returned and filed for record the 23th day of May 1929
and recorded the 24th day of May 1929

Mrs Bessie Smith
County Clerk.

By ____________ Deputy.

FORM 109-S THE E. L. STECK COMPANY—AUSTIN

The STATE OF TEXAS № 1176

Marriage License

COUNTY OF

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action

under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this the 22nd day of May A.D. 1929

Mrs. Bessie Smith
Clerk, County Court.

Donley County, Texas.

By __________ Deputy.

I J. J. Alexander hereby certify that on the 22d day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22d day of May A.D. 1929

J. J. Alexander
County Judge
Donley County Texas

Returned and filed for record the 23th day of May 1929 and recorded the 24th day of May 1929

Mrs Bessie Smith
County Clerk.

By __________ Deputy.

FORM 109-S THE E. L. STECK COMPANY—AUSTIN

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

[illegible] THE E L STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35, Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock a M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith, Clerk, County Court, Donley County Texas.

By ______ Deputy.

The STATE OF TEXAS

№ 1176

Marriage License

COUNTY OF

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace, in the State of Texas:

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action

under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this the 22nd day of May A.D. 1929

Mrs. Bessie Smith
Clerk, County Court.

Donley County, Texas.

By ______________ Deputy.

I J. J. Alexander hereby certify that on the 22nd day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22nd day of May A.D. 1929

J. J. Alexander
County Judge
Donley County Texas

Returned and filed for record the 23th day of May 1929 and recorded the 24th day of May 1929

Mrs Bessie Smith
County Clerk.

By ______________ Deputy.

FORM 109-S THE E. L. STECK COMPANY-AUSTIN

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22 nd day of May 1929

Mrs Bessie Smith Clerk County Court

By ____________ Deputy

Returned and Filed for Record the 23 rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By ____________ Deputy

Recorded in Book 4 Page 35 of Marriage Records

THE E. L. STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35 Marriage Liscense Record of this County, on the 24th day of May 1929 at 10.15 o'clock A M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

By ____________ Deputy.

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929

Mrs Bessie Smith Clerk County Court

By ____ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By ____ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

FORM L.J.S. THE E. L. STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas, hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35 Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock a M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,

Donley County Texas.

By ____ Deputy.

The STATE OF TEXAS №. 1176

Marriage License,

COUNTY OF

DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge, of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action

under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this the 22nd day of May A.D. 1929

Mrs. Bessie Smith
Clerk, County Court.

Donley County, Texas.

By ______________ Deputy.

I J J Alexander hereby certify that on the 22d day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22d day of May A.D. 1929

J J Alexander
County Judge
Donley County Texas

Returned and filed for record the 23th day of May 1929 and recorded the 24th day of May 1929

Mrs Bessie Smith
County Clerk.

By ______________ Deputy.

FORM 105-S THE E. L. STECK COMPANY—AUSTIN

The STATE OF TEXAS № 1176

Marriage License

COUNTY OF DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas:

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood.

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this the 22nd day of May A.D. 1929

Mrs Bessie Smith
Clerk County Court.
Donley County, Texas.

By ______________ Deputy.

I J J Alexander hereby certify that on the 22nd day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22nd day of May A.D. 1929

J J Alexander
County Judge
Donley County Texas

Returned and filed for record the 23rd day of May 1929 and recorded the 24th day of May 1929

By ______________ Deputy.

Mrs Bessie Smith
County Clerk.

FORM 100-S THE E.L. STECK COMPANY—AUSTIN

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929
Mrs Bessie Smith Clerk County Court
By ______________ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929
Mrs Bessie Smith Clerk County Court
By ______________ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

I Miss Bessie Smith Clerk, County Court, Donley County, Texas hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35 Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock A M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

By ______________ Deputy.

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

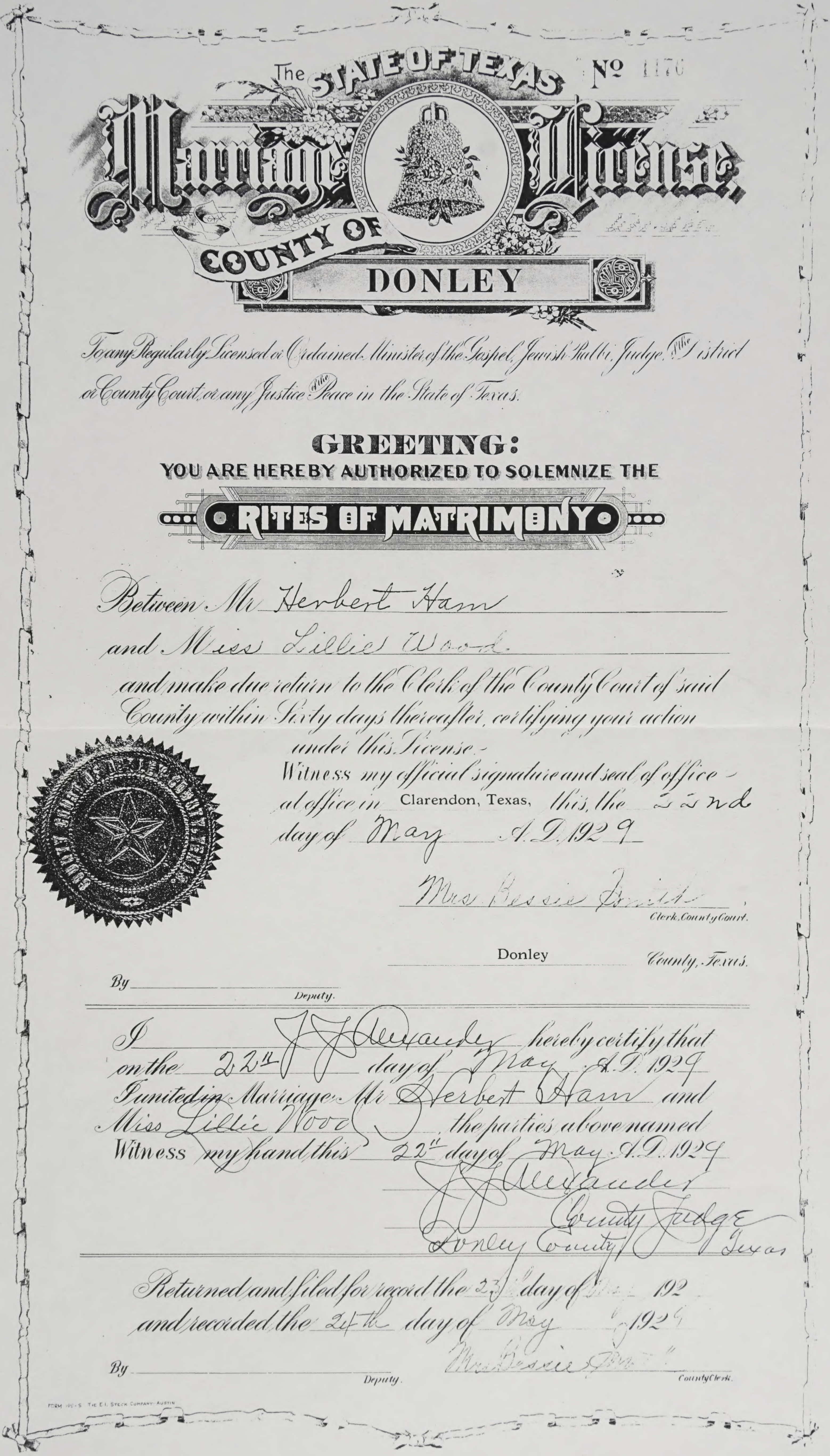
FORM-U3-5 THE E. L. STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas, hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35, Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock A M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

By ______ Deputy.



The STATE OF TEXAS № 1170

Marriage License

COUNTY OF DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this, the 22nd day of May A. D. 1929

Mrs Bessie Smith
Clerk, County Court.

Donley County, Texas.

By ______ Deputy.

I J J Alexander hereby certify that on the 22d day of May A. D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22d day of May A. D. 1929

J J Alexander
County Judge
Donley County Texas

Returned and filed for record the 23d day of May 192
and recorded the 24th day of May 1929

By ______ Deputy. Mrs Bessie Smith
County Clerk.

FORM 105-S THE E. L. STECK COMPANY AUSTIN

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929
Mrs Bessie Smith Clerk County Court
By ______ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929
Mrs Bessie Smith Clerk County Court
By ______ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

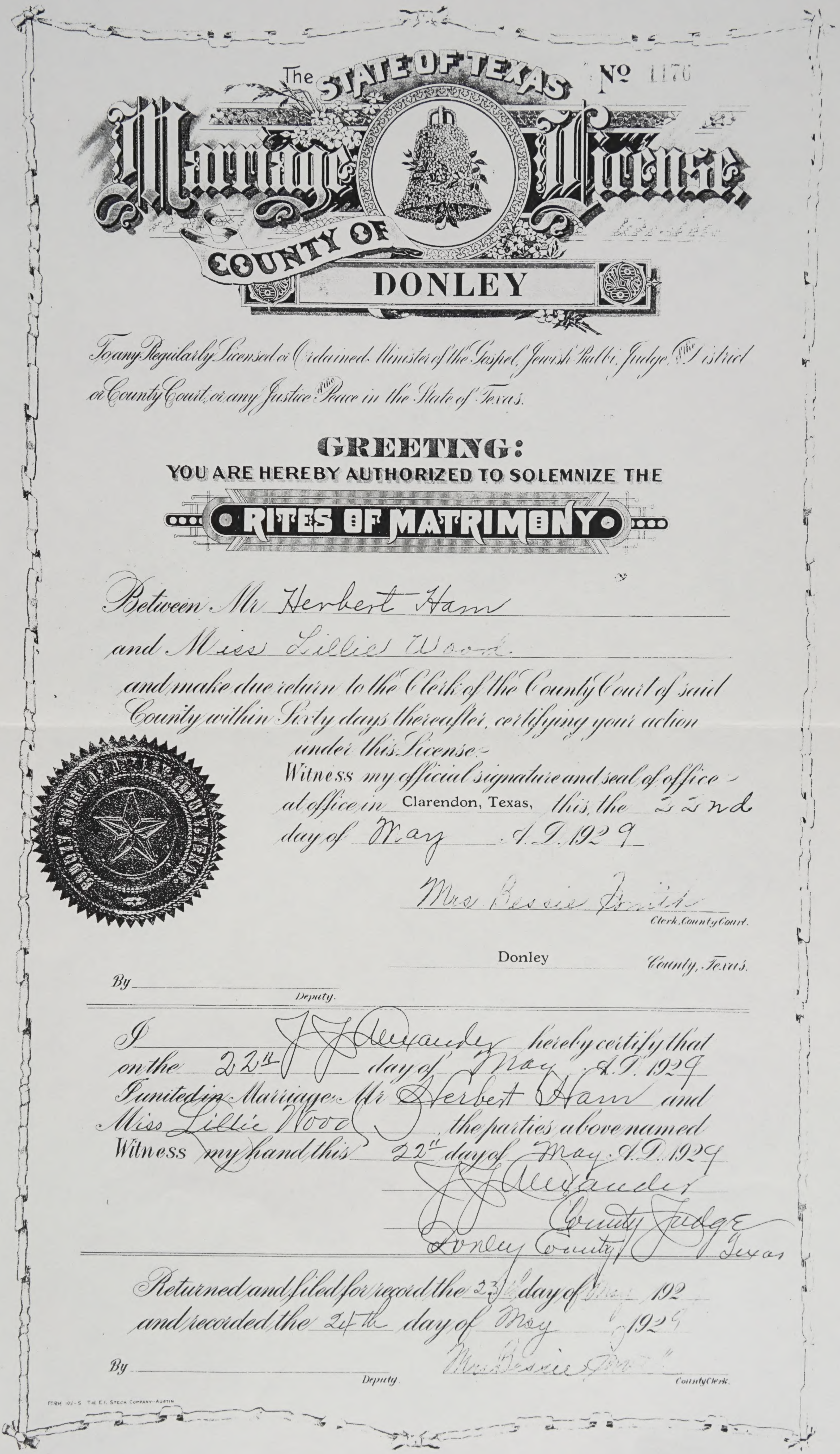
FORM-US-5 THE E. L. STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35, Marriage Liscense Record of this County, on the 24th day of May 1929 at 10 15 o'clock a M

Witness my hand and seal of office, this, the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

By ______ Deputy.



The STATE OF TEXAS № 1176

Marriage License,

COUNTY OF

DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood.

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, *this, the* 22nd *day of* May A.D. 1929

Mrs Bessie Smith
Clerk, County Court.

Donley *County, Texas.*

By ______________ *Deputy.*

I J. J. Alexander *hereby certify that on the* 22nd *day of* May A.D. 1929 *I united in Marriage Mr* Herbert Ham *and Miss* Lillie Wood *the parties above named*

Witness my hand this 22nd *day of* May A.D. 1929

J. J. Alexander
County Judge
Donley County Texas

Returned and filed for record the 23rd *day of* May *192*

and recorded the 24th *day of* May *192*9

By ______________ *Deputy.* Mrs Bessie Smith *County Clerk.*

FORM 103-S THE E. I. STECK COMPANY—AUSTIN

COUNTY OF

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

No 1176

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By ______ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

FORM- US-5 THE E. L. STECK CO. AUSTIN

I Miss Bessie Smith Clerk, County Court, Donley County, Texas, hereby certify that the foregoing instrument is the original Marriage Liscense issued to the parties named herein and with the return thereon was duly recorded in my office, in book 4 page 35, Marriage Liscense Record of this County, on the 24th day of May 1929 at 10:15 o'clock a M

Witness my hand and seal of office, this the 24 day of May 1929

Mrs Bessie Smith Clerk, County Court,
Donley County Texas.

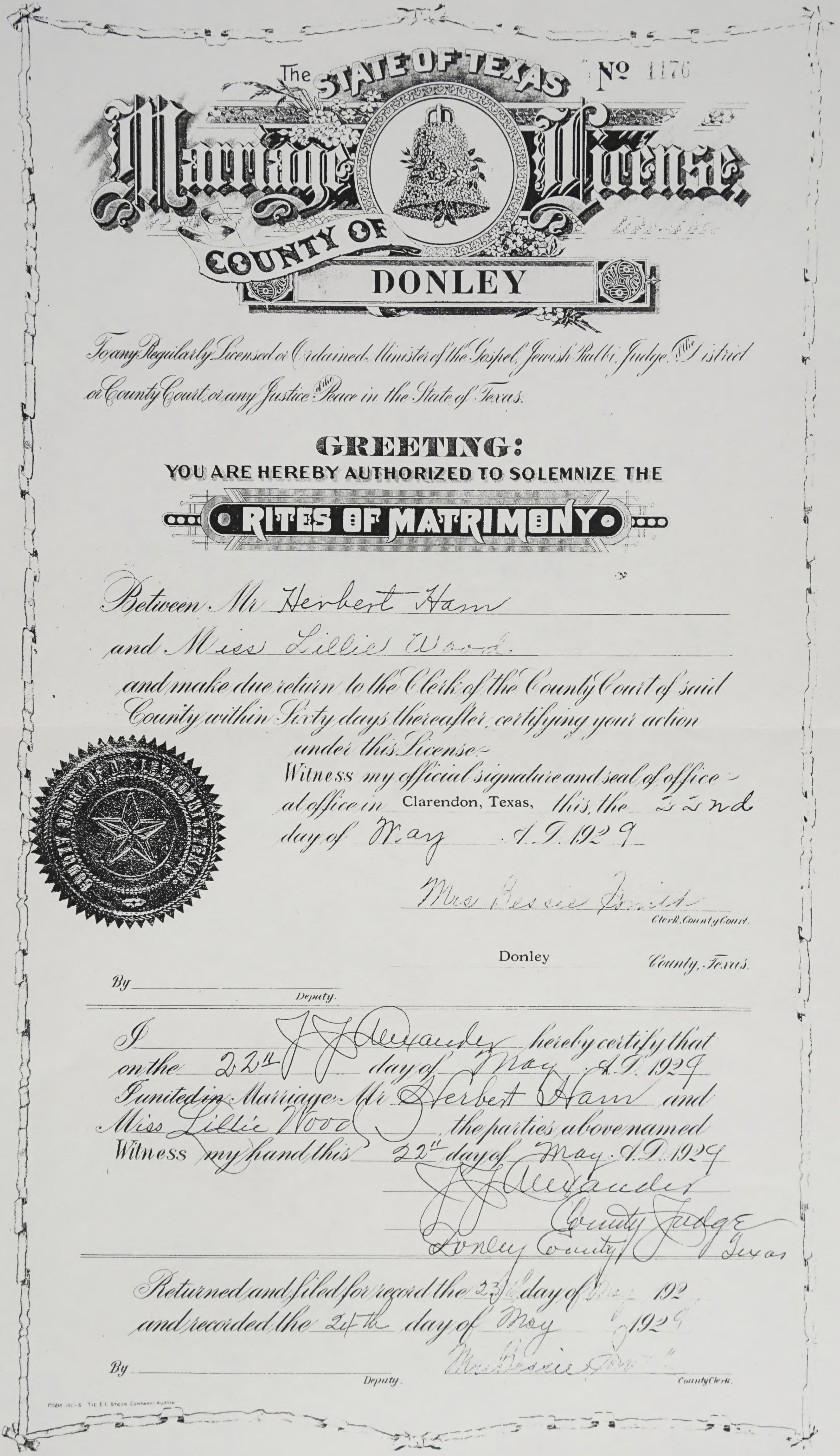
By ______ Deputy.

COUNTY OF

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY



The STATE OF TEXAS No 1176

Marriage License,

COUNTY OF DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood.

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this, the 22nd day of May A.D. 1929

Mrs Bessie Smith
Clerk, County Court.

Donley County, Texas.

By ______________ Deputy.

I J. J. Alexander hereby certify that on the 22d day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22d day of May A.D. 1929

J. J. Alexander
County Judge
Donley County Texas

Returned and filed for record the 23d day of May 192

and recorded the 24th day of May 1929

By ______________ Deputy.

Mrs Bessie Smith
County Clerk.

FORM 101-S THE E. L. STECK COMPANY AUSTIN

The **STATE OF TEXAS** № 1176

Marriage License

COUNTY OF

DONLEY

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace, in the State of Texas.

GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE

RITES OF MATRIMONY

Between Mr Herbert Ham

and Miss Lillie Wood

and make due return to the Clerk of the County Court of said County within Sixty days thereafter, certifying your action under this License.

Witness my official signature and seal of office at office in Clarendon, Texas, this the 22nd day of May A.D. 1929

Mrs. Bessie Smith
Clerk County Court.

Donley County, Texas.

By __________ Deputy.

I J J Alexander hereby certify that on the 22nd day of May A.D. 1929 I united in Marriage Mr Herbert Ham and Miss Lillie Wood the parties above named

Witness my hand this 22nd day of May A.D. 1929

J J Alexander
County Judge
Donley County Texas

Returned and filed for record the 23th day of May 1929 and recorded the 24th day of May 1929

By __________ Deputy.

Mrs Bessie Smith
County Clerk.

FORM 100-B THE E.L. STECK COMPANY—AUSTIN

Marriage License

Herbert Ham

AND

Lillie Wood

Issued the 22nd day of May 1929

Mrs Bessie Smith Clerk County Court

By __________ Deputy

Returned and Filed for Record the 23rd day of May 1929 and recorded the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

By __________ Deputy

Recorded in Book 4 Page 35 of Marriage Records.

I Mrs Bessie Smith Clerk County Court Donley County Texas hereby certify that the foregoing instrument is the original Marriage License issued to the parties named therein and with the return thereon was duly recorded in my office in book 4 page 35 Marriage License Records of this County, on the 24th day of May 1929 at 10:15 o'clock A M

Witness my hand and seal of office this the 24 day of May 1929

Mrs Bessie Smith Clerk County Court

Donley County Texas.

By __________ Deputy.

A true copy I hereby certify this 25th day of February A.D., 1987
FAY VARGAS, County Clerk, Donley County, Texas

By Cleta Hall, deputy

THE STATE OF TEXAS,
COUNTY OF DONLEY
} No. 1176

To Any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in and for the State of Texas—GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY

Between Mr. Herbert Ham and M iss Lillie Wood and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this License.

WITNESS MY OFFICIAL SIGNATURE AND SEAL OF OFFICE, At office in Clarendon, Texas the 22nd day of May A. D. 19 29

Mrs. Bessie Smith
Clerk County Court, Donley County, Texas.

(L. S.)
(Seal:-County Court of Donley County, TTexas)

By .... Deputy.

I, J.J.Alexander, hereby certify that on the 22" day of May, A. D. 1929, I united in marriage Mr. Herbert Ham and Miss Lillie Wood the parties above named.

WITNESS MY HAND This 22" day of May A. D. 19 29

J.J.Alexander, County Judge
Donley County, Texas

RETURNED AND FILED FOR RECORD The 23rd day of May A. D. 1929, and recorded the 24th day of May A. D. 19 29.

Mrs. Bessie Smith
County Clerk.

By .... Deputy.

Mailed
~~Delivered~~ Mr. Herbert Ham, Clarendon, May 24, 1929

A TRUE COPY I HEREBY CERTIFY UNDER MY HAND AND SEAL OF OFFICE
THIS THE 3RD DAY OF DECEMBER, 1986.

P. C. Messer, County Clerk
Donley County, Texas

By: Denise Grady Deputy

THE STATE OF TEXAS,
COUNTY OF DONLEY

No. 1176

To Any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace in and for the State of Texas—GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY

Between Mr. Herbert Ham and M iss Lillie Wood and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this License.

WITNESS MY OFFICIAL SIGNATURE AND SEAL OF OFFICE, At office in Clarendon, Texas the 22nd day of May A. D. 19 29.

Mrs. Bessie Smith
Clerk County Court, Donley County, Texas.

(L. S.)
(Seal:-County Court of Donley County, TTexas)

By .... Deputy.

I, J.J.Alexander, hereby certify that on the 22" day of May, A. D. 1929, I united in marriage Mr. Herbert Ham and Miss Lillie Wood the parties above named.

WITNESS MY HAND This 22" day of May A. D. 19 29

J.J.Alexander, County Judge
Donley County, Texas

RETURNED AND FILED FOR RECORD The 23rd day of May A. D. 19 29,

and recorded the 24th day of May A. D. 19 29.

By .... Deputy.

Mrs. Bessie Smith County Clerk.

Mailed
~~Delivered~~ Mr. Herbert Ham, Clarendon, May 24, 1929

ancestry.com

1930 United States Federal Census

Name:	**Lillie Ham**
Home in 1930:	Ventura, Ventura, California
Age:	20
Estimated birth year:	abt 1910
Relation to Head of House:	Wife
Spouse's name:	Herbert R
Occupation:	
Education:	
Military Service:	
Rent/home value:	
Age at first marriage:	
Parents' birthplace:	
Neighbors:	

Household Members:

Name	Age
Herbert R Ham	27
Lillie Ham	20
Roberts Roberton	50
Elmer Johnston	24
Wesley M Green	31
Abe Lan	29
Bengt Sjostrom	62
Jessie A Beury	34
Elmer E Gallison	29

Source Citation: Year: *1930*; Census Place: *Ventura, Ventura, California*; Roll: *227*; Page: *34A*; Enumeration District: *33*; Image: *1157.0*.

Source Information:
Ancestry.com. *1930 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2002. Original data: United States of America, Bureau of the Census. *Fifteenth Census of the United States, 1930*. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.

Description:
Containing records for approximately 123 million Americans, the 1930 United States Federal Census is the largest census released to date and is the most recent census available for public access. The census gives us a glimpse into the lives of Americans in 1930, and contains information about a household's family members and occupants including: birthplaces, occupations, immigration, citizenship, and military service. The names of those listed in the census are linked to actual images of the 1930 Census. Learn more...

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ancestry.com

Welcome, **WillieleeBrown** Log Out My Account Help

Back

Select items from this record to add to Lillie Aloren Wood

Learn more **about how the information from this record is added into your family tree.**

Differences with your tree are highlighted. View sourcing and alternate options

	1930 United States Federal Census Record	**Your updated tree**
Name:	☐ Lillie Ham	Lillie Aloren / Wood *Was: Lillie Aloren Wood*
Birth Date:	☐ abt 1910	30 Aug 1910 *Was: 30 Aug 1910*
Birth Place:	☐	Hamilton, Hamilton County, Texas USA *Was: Hamilton, Hamilton County, Texas USA*
Residence Date:	☑ 1930 NEW	1930 *Was:*
Residence Place:	☑ Ventura, Ventura, California NEW	Ventura, Ventura, California *Was:*

All details will be added as sources for events in your tree.
Hide source information for 1930 United States Federal Census

Save to my tree or Cancel

Source

Name: 1930 United States Federal Census
Author: Ancestry.com
Publisher: - Provo, UT, USA: The Generations Network, Inc., 2002. - United States of America, Bureau of the Census. Fifteenth Census of the United States, 1930. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.: United States of America, Bureau of the Census. Fifteenth Census of the United States, 1930. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.
Call Number:
Notes:
REFN:
Repository: Ancestry.com
http://www.Ancestry.com

Citation

Detail: Year: 1930; Census Place: Ventura, Ventura, California; Roll: 227; Page: 34A; Enumeration

District: 33; Image: 1157.0.

Date:

Notes: http://search.ancestry.com/cgi-bin/sse.dll?db=1930usfedcen&h=93572144&ti=0&indiv=try

Actual Text: Name: Lillie Ham

Web address: http://search.ancestry.com/cgi-bin/sse.dll?db=1930usfedcen&h=93572144&ti=0&indiv=try

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22-37

Form 15-6

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State California

County Ventura

Township or other division of county Ventura, Township, Pk. B

Incorporated place

Ward of city

Block No.

Unincorporated place

Institution

Enumeration District No. 56-33

Supervisor's District No. 13

Sheet No. 34 A

279

5633

Enumerated by me on April 22, 1930, Mrs. Myrtle Palmer, Enumerator.

Line	Street	House no.	Dwelling	Family	Name	Relation	Home owned or rented	Value or rental	Radio set	On farm	Sex	Color or race	Age	Marital condition	Age at first marriage	Attended school	Read and write	Birthplace: Person	Father	Mother	Language spoken in home before coming to U.S.	Code A	Code B	Code C	Year of immigration	Naturalization	Speak English	Occupation	Industry	Code D	Class of worker	At work	Line no. on Unemployment Schedule	Veteran	War	Farm schedule no.
1	Wheeler Canyon		531	535	McCarthy, Belle	Head-H	O		R	yes	F	W	53	wd	20	no	yes	California	Illinois	Missouri		98					yes	farmer	fruit farm	VVVV	E	yes				38
2				1	Garmod, William	son in law				X	M	W	38	M	29		yes	Kentucky	United States	United States		80					yes	farm hand	fruit farm	VIVV	W	yes		yes	WW	
3					Margaret	daughter				X	F	W	34	M	24		yes	California	Ireland Northern	California		98	03	1			yes	None								
4					Billie	grandson				X	M	W	7	S		yes		California	Kentucky	California		98						None								
5			532	536	Cook, Lone W.	Head	R	15	R	no	M	W	40	M	25	no	yes	N. Carolina	United States	United States		76					yes	None		78XV						
6				1	Jessie	wife H				V	F	W	49	M	29	no	yes	Texas	Texas	Texas		87					yes	driller	oil field	78XV	W	yes	XXXX	no		
7					Louise	daughter				V	F	W	13	S		yes	yes	California	N. Carolina	Texas		98					yes	none								
8					Lon. W. Jr.	son				V	M	W	10	S		yes	yes	California	N-Carolina	Texas		98					yes	None								
9			533	537	Cook, Arthur	Head	R	15		no	M	W	27	M	19	no	yes	Texas	Texas	Texas		87					yes	tool dresser	oil field	00XV	W	yes		no		
10				1	Frances	wife H				V	F	W	26	M	19	no	yes	N. Dakota	New York	Denmark		67	07	2			yes	None								
11					Arthur Jr.	son				V	M	W	3 6/12	S		no		California	Texas	N. Dakota		98						None								
12			534	538	Conner, Tommy J	Head	R	10		no	M	W	21	M	20	no	yes	Texas	Texas	Texas		87					yes	truck driver	oil field	4XXV	W	yes		no		
13				1	Maymie	wife				V	F	W	25	M	24	no	yes	Texas	Texas	Texas		87					yes	None								
14			535	539	Conner, J. Reece	Head				No	M	W	19	M	15	no	yes	Texas	Texas	Texas		87					yes	roust about	oil field	78XV	W	yes		no		
15				1	Jewel	wife H	R	5		No	F	W	17	M	16	no	yes	Texas	Texas	Arkansas		87					yes	None								
16			536	540	Ham, Hubert R	Head	R	5		No	M	W	27	M	26	no	yes	Texas	Texas	Texas		87					yes	roust about	oil field	78XV	W	yes		no		
17				1	Lillie	wife-H				V	F	W	20	M	19	no	yes	Texas	Texas	Texas		87					yes	None								
18	Foothills Rd.				Robertson, Roberts	Boarder				V	M	W	50	D	20	no	yes	Denmark	Denmark	Denmark	Danish	07	07	1	1900	Al	yes	blacksmith	ranch	00VV	W	yes		no		
19					Johnston, Elmer	Boarder				V	M	W	24	S		no	yes	Minnesota	Canada English	Minnesota		64	45	1			yes	farm hand	fruit ranch	VIVV	W	yes		no		
20					Green, Wesley M	Boarder				V	M	W	31	S		no	yes	Michigan	Ohio	Ireland Free State		62	04	2			yes	farm hand	fruit ranch	VIVV	W	yes		no		
21					Law, Abe	Boarder				V	M	W	29	S		no	yes	Tennessee	Tennessee	Tennessee		81					yes	Tractor Driver	fruit ranch	4XVV	W	yes		no		
22					Sjostrom, Bengt.	Boarder				V	M	W	62	S		no	yes	Sweden	Sweden	Sweden	Swedish	06	06	2	1887	Na	yes	farm hand	fruit ranch	VIVV	W	yes		no		
23					Blong, Jessie E.	Boarder				V	M	W	34	S		no	yes	Missouri	Missouri	Missouri		66					yes	farm hand	fruit ranch	VIVV	W	yes		no		
24					Galliton, Elmer E.	Boarder				V	M	W	29	S		no	yes	Missouri	Missouri	Missouri		66					yes	farm hand	fruit ranch	VIVV	W	yes		no		
25	Telegraph Rd.		537	541	Dickenson, Ralph	Head	R		R	yes	M	W	35	M	21	no	yes	California	Virginia	California		98					yes	rancher	fruit ranch	VVVV	E	yes		no		57
26				1	Wanda	wife-H				X	F	W	32	M	19	no	yes	Illinois	Illinois	Illinois		61					yes	None								
27					Donald	Son				X	M	W	7	S		yes		California	California	Illinois		98						None								
28					Robert	son				X	M	W	5	S		no		California	California	Illinois		98						None								
29			538	542	Hawley, Frank A.	Head	R		R	yes	M	W	61	S		no	yes	California	Canada English	Vermont		98	45	1			yes	None						no		
30			—	541	Brode, Edmond J	Head	R	17½	R	no	M	W	26	M	24	no	yes	Minnesota	New York	Alsace Lorraine Europe		64	12	2			yes	auto mechanic	garage	7673	W	yes		no		
31					Helen	wife H				V	F	W	22	M	17	no	yes	California	Unknown U.S.	California		98					yes	None								
32					Donald	Son				V	M	W	1 6/12	S		no		California	Minnesota	California		98						none								
33	6th Street		539	543	Hunker, Edward L.	Head	O	6000	R	no	M	W	27	S		no	yes	Missouri	United States	United States		66					yes	manager	service station	4989	E	yes		no		
34			540	544	Thompson, Thomas	Head	R	11½		no	M	W	33	M	30	no	yes	Iowa	United States	United States		66					yes	helper	plumber	78X1	W	yes		yes	WW	
35					Frances	wife-H				V	F	W	22	M	18	no	yes	Nebraska	United States	Germany Berlin		64	13	2			yes	waitress	Cafe	619V	W	yes				
36			541	545	Andrew, Jennie M.	Head	R	27		no	F	W	35	wd	26	no	yes	Missouri	Illinois	Missouri		66					yes	manager	rooming house	829V	O	yes				
37				1	William J	Son				V	M	W	9	S		yes		California	Mexico	Missouri		98	45	1				None								
38					David A.	Son				V	M	W	8	S		yes		California	Mexico	Missouri		98	45	1				None								
39					Frances C.	daughter				V	F	W	3½	S				California	Mexico	Missouri		98	45	1				None								
40			542	546	Peterson, Alvah M	Head	R	10		no	M	W	31	M	24	no	yes	Missouri	Michigan	Michigan		66					yes	irrigator	Country club	787V	W	yes		no		—
41				1	Eunice E	wife-H				V	F	W	31	M	24	no	yes	Missouri	Tennessee	Tennessee		66					yes	None								
42					Patricia J	daughter				V	F	W	4/12	S		no		California	Missouri	Missouri		98						none								
43			543	547	Fich, Horatio	Head	R	10	R	no	M	W	32	M	25	no	yes	~~Minnesota~~	Wisconsin	Wisconsin		64					yes	operator	irrigation plant	1X93	W	yes		no		
44				1	Annie	wife H				V	F	W	26	M	18	no	yes	England	England	England	English	00	00	V	1923	Na	yes	None								
45					Ernest R.	Son				V	M	W	7	S		yes		Canada English	Minnesota	England	~~English~~	38	00		~~1925~~	No		None								
46			544	548	Lopez, Catilina	Head-H	R	10		No	F	Mex	29	S		no	yes	Mexico	Mexico	Mexico	Spanish	30	45	V	1915	Al	No	None								
47					Petra	mother				V	F	Mex	65	wd		no	no	Mexico	Mexico	Mexico	Spanish	30	45	V	1915	Al	No	None								
48					Federico	brother				V	M	Mex	26	S		no	yes	Mexico	Mexico	Mexico	Spanish	30	45	V	1918	Al	yes	Labor	Cement plant	7803	W	yes		no		
49					Ventura	brother				V	M	Mex	24	S		no	yes	Mexico	Mexico	Mexico	Spanish	20	45	V	1918	Al	yes	Labor	Cement plant	7803	W	yes		no		
50																																				

23

5661

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

MyFamily.com

ancestry.com

1930 United States Federal Census

Name:	**Lillie Ham**
Home in 1930:	Ventura, Ventura, California
Age:	20
Estimated Birth Year:	abt 1910
Relation to Head of House:	Wife
Spouse's Name:	Herbert R
Race:	White
Occupation: Education: Military service: Rent/home value: Age at first marriage: Parents' birthplace:	View Image
Neighbors:	View others on page

Household Members:

Name	Age
Herbert R Ham	27
Lillie Ham	20
Roberts Roberton	50
Elmer Johnston	24
Wesley M Green	31
Abe Lan	29
Bengt Sjostrom	62
Jessie A Beury	34
Elmer E Gallison	29

Source Citation: Year: *1930*; Census Place: *Ventura, Ventura, California*; Roll: *227*; Page: *34A*; Enumeration District: *33*; Image: *1157.0*.

Source Information:
Ancestry.com. *1930 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2002. Original data: United States of America, Bureau of the Census. *Fifteenth Census of the United States, 1930*. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.

Description:
Containing records for approximately 123 million Americans, the 1930 United States Federal Census is the largest census released to date and is the most recent census available for public access. The census gives us a glimpse into the lives of Americans in 1930, and contains information about a household's family members and occupants including: birthplaces, occupations, immigration, citizenship, and military service. The names of those listed in the census are linked to actual images of the 1930 Census. Learn more...

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Welcome, hamroots Log Out **Messages (1)** My Account Help

Children (4)

Bennielee Aloren Ham	B: 1930
Willielee (Willie Lee) Ham	B: 1931
Donald Lou Ham	B: 1935
Maryalice (Mary Alice) Ham	B: 1938

Lillie Aloren Wood
B:30 Aug 1910 in Hamilton, Hamilton County, Texas USA
D:06 Jun 1977 in San Diego, San Diego County, California USA

Herbert Reed Ham B:26 Feb 1903 in Sweetwater Creek District, Comanche, Comanche County, Texas USA

Parents
Arthur Edward Wood
1882-1957

Dora Allis "Alice" Littlepage
1886-1953

Review and save changes to your family tree

Data from this record that differs from the information in your tree is *italicized and underlined in yellow.*

Data in your tree that is new or changed is *italicized and underlined in green.*

Add To Your Tree or Cancel

Lillie Ham
Check the fields on the left that you want to be copied to this person.

Show advanced options

1930 United States Federal Census			Your Family Tree Willielee (Willie Lee) Ham
Name	☐	Lillie Ham	Lillie Aloren · Wood
Birth date	☐	*abt 1910*	30 Aug 1910
Birth place	☐		Hamilton, Hamilton County, Texas USA
Death date	☐		06 Jun 1977
Death place	☐		San Diego, San Diego County, California USA
Residence date	☑	*1930*	1930
Residence place	☑	*Ventura, Ventura, California*	Ventura, Ventura County, California USA

NEW: You can also review the **relatives of Lillie Aloren Wood** on this record and select those you want merged into your tree.

Show relatives on this record

Provide feedback

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1930 United States Federal Census

Name:	**Lillie Ham**
Home in 1930:	Ventura, Ventura, California
Age:	20
Estimated Birth Year:	abt 1910
Relation to Head of House:	Wife
Spouse's Name:	Herbert R
Race:	White
Occupation: Education: Military service: Rent/home value: Age at first marriage: Parents' birthplace:	View Image
Neighbors:	View others on page

Household Members:

Name	Age
Herbert R Ham	27
Lillie Ham	20
Roberts Roberton	50
Elmer Johnston	24
Wesley M Green	31
Abe Lan	29
Bengt Sjostrom	62
Jessie A Beury	34
Elmer E Gallison	29

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Willielee (Willie Lee) Ham	B: 1931
Donald Lou Ham	B: 1935
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Lillie Aloren Wood
B:30 Aug 1910 in Hamilton, Hamilton County, Texas USA
D:06 Jun 1977 in San Diego, San Diego County, California USA

Herbert Reed Ham **B:**26 Feb 1903 in Sweetwater Creek District, Comanche, Comanche County, Texas USA

Parents
Arthur Edward Wood
1882-1957

Dora Allis "Alice" Littlepage
1886-1953

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Add To Your Tree or Cancel

Lillie Ham

Check the fields on the left that you want to be copied to this person.

Show advanced options

	1930 United States Federal Census	Your Family Tree Willielee (Willie Lee) Ham
Name	☐ Lillie Ham	Lillie Aloren Wood
Birth date	☐ *abt 1910*	30 Aug 1910
Birth place	☐	Hamilton, Hamilton County, Texas USA
Death date	☐	06 Jun 1977
Death place	☐	San Diego, San Diego County, California USA
Residence date	☑ *1930*	1930
Residence place	☑ *Ventura, Ventura, California*	Ventura, Ventura County, California USA

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Show relatives on this record

Provide feedback

Add To Your Tree or Cancel

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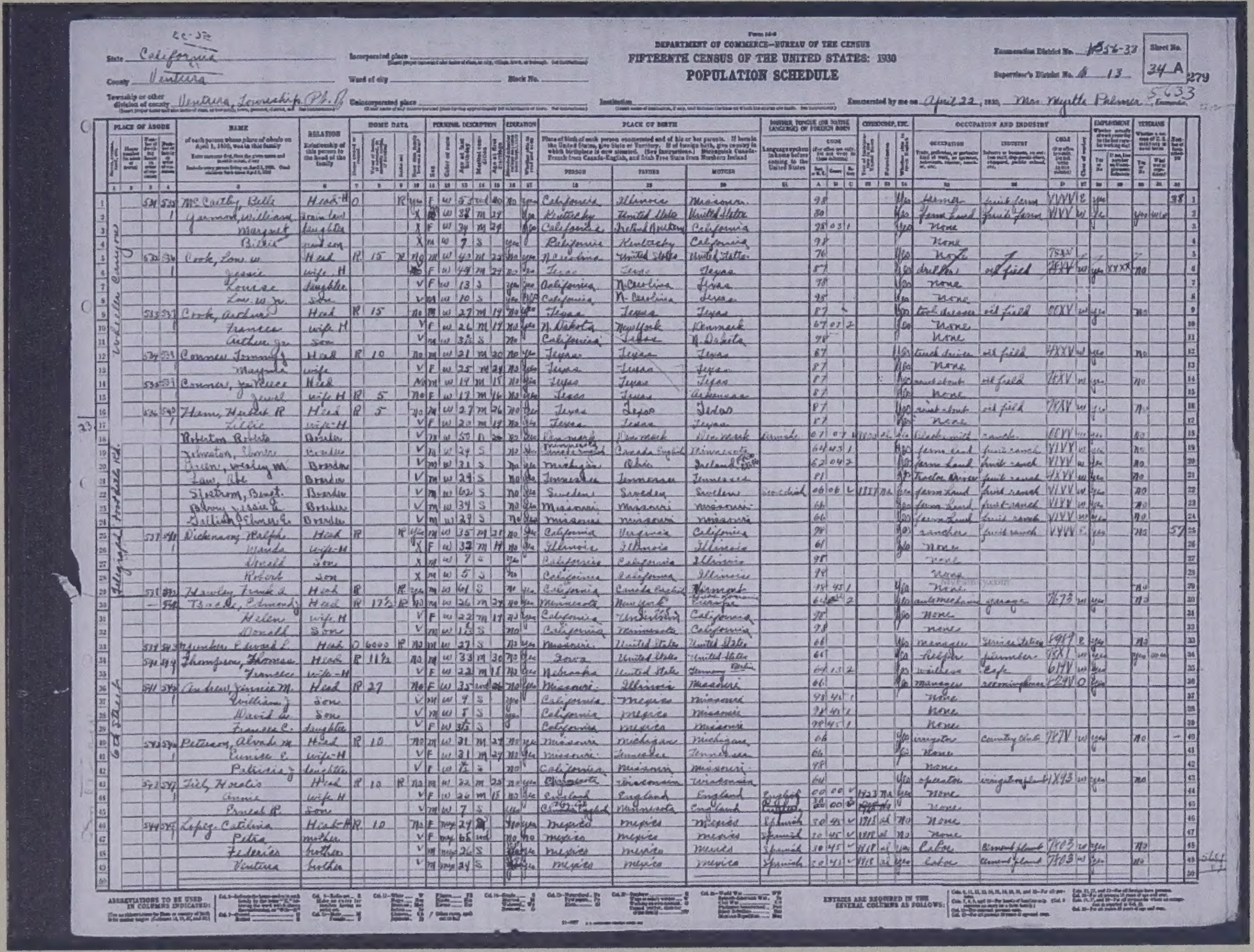
1930 UNITED STATES FEDERAL CENSUS



DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

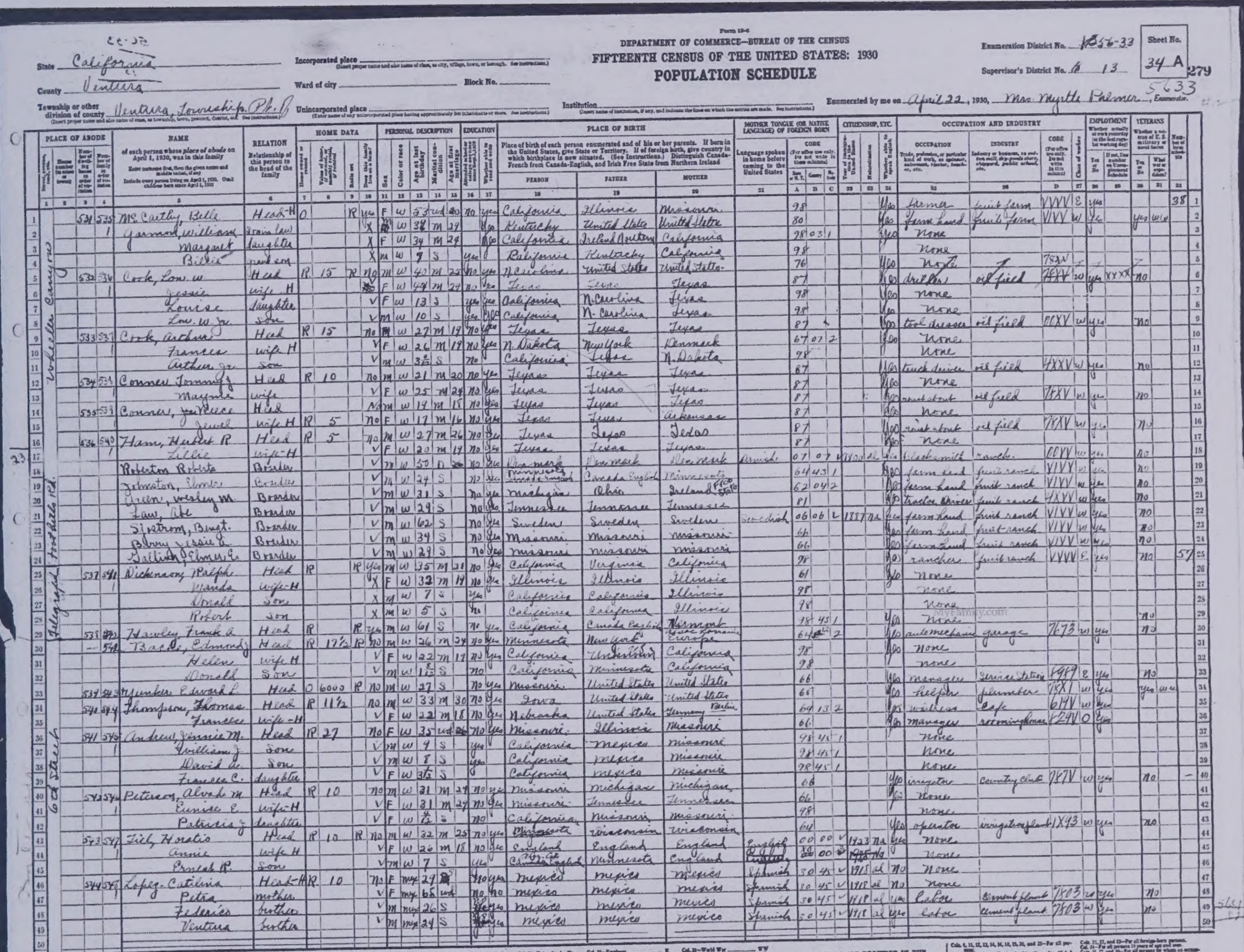
State California

County Ventura

LILLIE HAM

HOME IN 1930: VENTURA,
VENTURA, CALIFORNIA
AGE: 20
ESTIMATED BIRTH YEAR: ABT 1910
RELATION TO HEAD OF HOUSE: WIFE
SPOUSE'S NAME: HERBERT R
RACE: WHITE

SOURCE INFORMATION: WWW.ANCESTRY.COM DATABASE: 1930 UNITED STATES FEDERAL CENSUS DETAIL: YEAR: 1930; **CENSUS PLACE:** VENTURA, VENTURA, CALIFORNIA; **ROLL:** 227; **PAGE:** 34A; **ENUMERATION DISTRICT:** 33; **IMAGE:** 1157.0.



EE-3?

Form 15-6

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

POPULATION SCHEDULE

State: California
County: Ventura
Township or other division of county: Ventura, Township Pct. 8
Incorporated place:
Ward of city:
Block No.:
Unincorporated place:
Institution:
Enumeration District No. 56-33
Supervisor's District No. 13
Sheet No. 34 A
279
5633
Enumerated by me on April 22, 1930, Mrs. Myrtle Palmer, Enumerator.

Line	Street, avenue, road, etc. (1)	House number (2)	Dwelling (3)	Family (4)	Name (5)	Relation (6)	Home owned or rented (7)	Value or monthly rental (8)	Radio set (9)	Farm (10)	Sex (11)	Color or race (12)	Age (13)	Marital condition (14)	Age at first marriage (15)	Attended school (16)	Read and write (17)	Birthplace: Person (18)	Father (19)	Mother (20)	Language spoken in home before coming to U.S. (21)	Code A	Code B	Code C	Year of immigration (22)	Naturalization (23)	Able to speak English (24)	Occupation (25)	Industry (26)	Code D	Class of worker (27)	At work yes or no (28)	Line no. on unemployment schedule (29)	Veteran yes or no (30)	What war (31)	Farm schedule no. (32)
1	Wheeler Canyon		531	535	McCarthy, Belle	Head-H	O		R	yes	F	w	53	wd	20	no	yes	California	Illinois	Missouri		98					Yes	farmer	fruit farm	VVVV	E	yes				38
2				1	Garmond, William	son in law				X	M	w	38	m	29		yes	Kentucky	United States	United States		80					Yes	farm hand	fruit farm	VIVV	W	yes		yes	WW	
3					Margaret	daughter				X	F	w	34	m	24		yes	California	Ireland Northern	California		98	03	1			yes	None								
4					Billie	grandson				X	m	w	7	S		yes		California	Kentucky	California		98						None								
5			532	536	Cook, Lon W.	Head	R	15	R	No	m	w	40	m	22	no	yes	N. Carolina	United States	United States		76					Yes	None		78XV						
6				1	Jessie	wife H					F	w	49	m	29	no	yes	Texas	Texas	Texas		87					Yes	driller	oil field	78XV	w	yes	XXXX	no		
7					Louise	daughter				V	F	w	13	S		yes	yes	California	N. Carolina	Texas		98					Yes	none								
8					Lon W. Jr.	son				V	m	w	10	S		yes	yes	California	N. Carolina	Texas		98					Yes	none								
9			533	537	Cook, Arthur	Head	R	15		No	M	w	27	m	19	no	yes	Texas	Texas	Texas		87					Yes	tool dresser	oil field	00XV	w	yes		no		
10				1	Frances	wife H				V	F	w	26	m	19	no	yes	N. Dakota	New York	Denmark		67	07	2			Yes	None								
11					Arthur Jr.	son				V	m	w	3 2/12	S		no		California	Texas	N. Dakota		98						None								
12			534	538	Conner, Tommy J.	Head	R	10		no	m	w	21	m	20	no	yes	Texas	Texas	Texas		87					Yes	truck driver	oil field	4XXV	w	yes		no		
13				1	Maymie	wife				V	F	w	25	m	24	no	yes	Texas	Texas	Texas		87					Yes	None								
14			535	539	Conner, Reece	Head				N	m	w	19	m	18	no	yes	Texas	Texas	Texas		87					Yes	roustabout	oil field	78XV	w	yes		no		
15					Jewel	wife H	R	5		No	F	w	17	m	16	no	yes	Texas	Texas	Arkansas		87					Yes	None								
16			536	540	Ham, Hubert R.	Head	R	5		no	m	w	27	m	26	no	yes	Texas	Texas	Texas		87					Yes	roustabout	oil field	78XV	w	yes		no		
17				1	Lillie	wife-H				V	F	w	20	m	19	no	yes	Texas	Texas	Texas		87					Yes	None								
18	Foothills Rd.				Robertson, Roberts	Boarder				V	m	w	50	D	~~20~~	no	yes	Denmark	Denmark	Denmark	Danish	07	07	✓	1900	al	yes	blacksmith	ranch	00YV	w	yes		no		
19					Johnston, Elmer	Boarder				V	m	w	24	S		no	yes	Minnesota ~~Canada English~~	Canada English	Minnesota		64	43	1			Yes	farm hand	fruit ranch	VIVV	w	yes		no		
20					Green, Wesley M.	Boarder				V	m	w	31	S		no	yes	Michigan	Ohio	Ireland Free State		62	04	2			Yes	farm hand	fruit ranch	VIVV	w	yes		no		
21					Law, Abe	Boarder				V	m	w	29	S		no	yes	Tennessee	Tennessee	Tennessee		81					Yes	tractor driver	fruit ranch	4XVV	w	yes		no		
22					Sjostrom, Bengt.	Boarder				V	m	w	62	S		no	yes	Sweden	Sweden	Sweden	Swedish	06	06	2	1887	Na	yes	farm hand	fruit ranch	VIVV	w	yes		no		
23					Blevin, Jessie E.	Boarder				V	m	w	34	S		no	yes	Missouri	Missouri	Missouri		66					Yes	farm hand	fruit ranch	VIVV	w	yes		no		
24					Gallich, Elmer E.	Boarder				V	m	w	29	S		no	yes	Missouri	Missouri	Missouri		66					Yes	farm hand	fruit ranch	VIVV	w	yes		no		
25	Telegraph		537	541	Dickenson, Ralph	Head	R		R	yes	m	w	35	m	21	no	yes	California	Virginia	California		98					Yes	rancher	fruit ranch	VVVV	E	yes		no		57
26				1	Wanda	wife-H				X	F	w	32	m	19	no	yes	Illinois	Illinois	Illinois		61					Yes	None								
27					Donald	son				X	m	w	7	S		yes		California	California	Illinois		98						None								
28					Robert	son				X	m	w	5	S		no		California	California	Illinois		98						None								
29			538	542	Hawley, Frank A.	Head	R		R	yes	m	w	61	S		no	yes	California	Canada English	Vermont		98	45	1			Yes	None						no		
30	6th Street		—	542	Bache, Edmund J.	Head	R	17½	R	no	m	w	26	m	24	no	yes	Minnesota	New York	[illegible] Europe		64	[illegible]	2			Yes	automechanic	garage	7673	w	yes		no		
31					Helen	wife H				V	F	w	22	m	19	no	yes	California	Unknown	California		98					Yes	None								
32					Donald	Son				V	m	w	1 8/12	S		no		California	Minnesota	California		98						none								
33			539	543	Yunker, Edward L.	Head	O	6000	R	no	m	w	27	S		no	yes	Missouri	United States	United States		66					Yes	manager	Service Station	4989	E	yes		No		
34			540	544	Thompson, Thomas	Head	R	11½		no	m	w	33	m	30	no	yes	Iowa	United States	United States		66					Yes	helper	plumber	78X1	w	yes		yes	WW	
35					Frances	wife-H				V	F	w	22	m	18	no	yes	Nebraska	United States	Germany Berlin		64	13	2			Yes	waitress	cafe	619V	w	yes				
36			541	545	Andrews, Jennie M.	Head	R	27		No	F	w	35	wd	26	no	yes	Missouri	Illinois	Missouri		66					Yes	manager	roominghouse	829V	O	yes				
37				1	William J.	Son				V	m	w	9	S		yes		California	Mexico	Missouri		98	45	1				None								
38					David A.	Son				V	m	w	8	S		yes		California	Mexico	Missouri		98	45	1				None								
39					Frances C.	daughter				V	F	w	3½	S				California	Mexico	Missouri		98	45	1				None								
40			542	546	Peterson, Alvah M.	Head	R	10		no	m	w	31	m	27	no	yes	Missouri	Michigan	Michigan		66					Yes	irrigator	country club	787V	w	yes		no		–
41				1	Eunice E.	wife-H				V	F	w	31	m	27	no	yes	Missouri	Tennessee	Tennessee		66					Yes	None								
42					Patricia J.	daughter				V	F	w	4/12	S		no		California	Missouri	Missouri		98						none								
43			543	547	Tiel, Horatio	Head	R	10	R	no	m	w	32	m	25	no	yes	Minnesota	Wisconsin	Wisconsin		64					Yes	operator	irrigation plant	1X93	w	yes		no		
44				1	Annie	wife H				V	F	w	26	m	18	no	yes	England	England	England	English	00	00	✓	1923	Na	yes	None								
45					Ernest R.	Son				V	m	w	7	S		yes		~~Canada English~~	Minnesota	England	~~English~~	00	00		~~1923~~	~~Na~~		None								
46			544	548	Lopez, Catilina	Head-H	R	10		No	F	mex	29			no	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	al	No	None								
47				1	Petra	mother				V	F	mex	65	wd		no	no	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	al	no	None								
48					Federico	brother				V	m	mex	26	S		no	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	al	yes	labor	cement plant	7803	w	yes		no		
49					Ventura	brother				V	m	mex	24	S		no	yes	Mexico	Mexico	Mexico	Spanish	30	45	✓	1918	al	yes	labor	cement plant	7803	w	yes		no		
50																																				

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

ancestry.com

Compare With People From Your Family Tree

Children (4)	
Bennielee Alóren Ham	B: 1930
Willielee (Willie Lee) Ham	B: 1931
Donald Lou Ham	B: 1935
Maryalice (Mary Alice) Ham	B: 1938

Lillie Aloren Wood
B30 Aug 1910 in Hamilton, Hamilton County, Texas USA
D06 Jun 1977 in San Diego, San Diego County, California USA

Herbert Reed Ham B:26 Feb 1903 in Sweetwater Creek District, Comanche, Comanche County, Texas USA

Parents
Arthur Edward Wood
1882-1957

Dora Allis "Alice" Littlepage
1886-1953

1920 United States Federal Census

Name: **Lillie Ward**
[Lillie Wood]
Home in 1920: Justice Precinct 1, Scurry, Texas
Age: 9 years
Estimated Birth Year: abt 1911
Birthplace: Texas
Relation to Head of House: Daughter
Father's Name: Esther
Father's Birth Place: Texas
Mother's Name: Dara
Mother's Birth Place: Texas
Marital Status: Single
Race: White
Sex: Female
Able to read: Yes
Able to Write: Yes
Image: 11
Neighbors: View others on page

Household Members:

Name	Age
Esther Ward	37
Dara Ward	35
Ther Ward	15
Horace Ward	13
Lowda Ward	10
Lillie Ward	9
A B Ward	7
Davie Ward	5
Eddie Ward	3

— Arthur Wood
— Alice
— Thee
— Horace
— Lowda
— Lillie
— AB
— Dennie

Source Citation: Year: *1920*;Census Place: *Justice Precinct 1, Scurry, Texas*; Roll: *T625_1845*; Page: *5B*; Enumeration District: *214*; Image: *11*.

Source Information:
Ancestry.com. *1920 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2005. For details on the contents of the film numbers, visit the following NARA web page: NARA.

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Estimated Birth Year:	abt 1911
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Father's Birth Place:	Texas
Mother's Name:	Dara
Mother's Birth Place:	Texas
Marital Status:	Single
Race:	White
Sex:	Female
Able to read:	Yes
Able to Write:	Yes
Image:	11
Neighbors:	View others on page

Household Members:

Name	Age	
Esther Ward	37	- Arthur Wood
Dara Ward	35	- Dora
Ther Ward	15	- Theo
Horace Ward	13	- Horace
Lowda Ward	10	- Lavada
Lillie Ward	9	- Lillie
A B Ward	7	- AD
Davie Ward	5	- Dovie
Eddie Ward	3	-

Source Citation: Year: *1920*;Census Place: *Justice Precinct 1, Scurry, Texas*; Roll: *T625_1845*; Page: *5B*; Enumeration District: *214*; Image: *11*.

Source Information:
Ancestry.com. *1920 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2005. For details on the contents of the film numbers, visit the following NARA web page: NARA.

Note: Enumeration Districts 819-839 on roll 323 (Chicago City. Original data: United States of America, Bureau of the Census. *Fourteenth Census of the United States, 1920*. Washington, D.C.: National Archives and Records Administration, 1920. T625, 2,076 rolls.

Description:
This database is an index to individuals enumerated in the 1920 United States Federal Census, the Fourteenth Census of the United States. It includes all states and territories, as well as Military and Naval Forces, the Virgin Islands, Puerto Rico, American Samoa, Guam, and the Panama Canal Zone. The census provides many details about individuals and families including: name, gender, age, birthplace, year of immigration, mother tongue, and parents' birthplaces. In addition, the names of those listed on the population schedule are linked to actual images of the 1920 Federal Census. Learn more...

Children (4)

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Willielee (Willie Lee) Ham	B: 1931
Donald Lou Ham	B: 1935
Maryalice (Mary Alice) Ham	B: 1938

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Add To Your Tree or Cancel

Lillie Ward
Check the fields on the left that you want to be copied to this person.

Show advanced options

1920 United States Federal Census		Your Family Tree Willielee (Willie Lee) Ham
Name	☐ Lillie Ward	Lillie Aloren Wood
Birth date	☐ *abt 1911*	30 Aug 1910
Birth place	☐ *Texas*	Hamilton, Hamilton County, Texas USA
Death date	☐	06 Jun 1977
Death place	☐	San Diego, San Diego County, California USA
Residence date	☑ *1920*	1920
Residence place	☑ *Justice Precinct 1, Scurry, Texas*	Justice Precinct 1, Scurry County, Texas USA

NEW: You can also review the **relatives of Lillie Aloren Wood** on this record and select those you want merged into your tree.

Show relatives on this record Provide feedback

Add To Your Tree or Cancel

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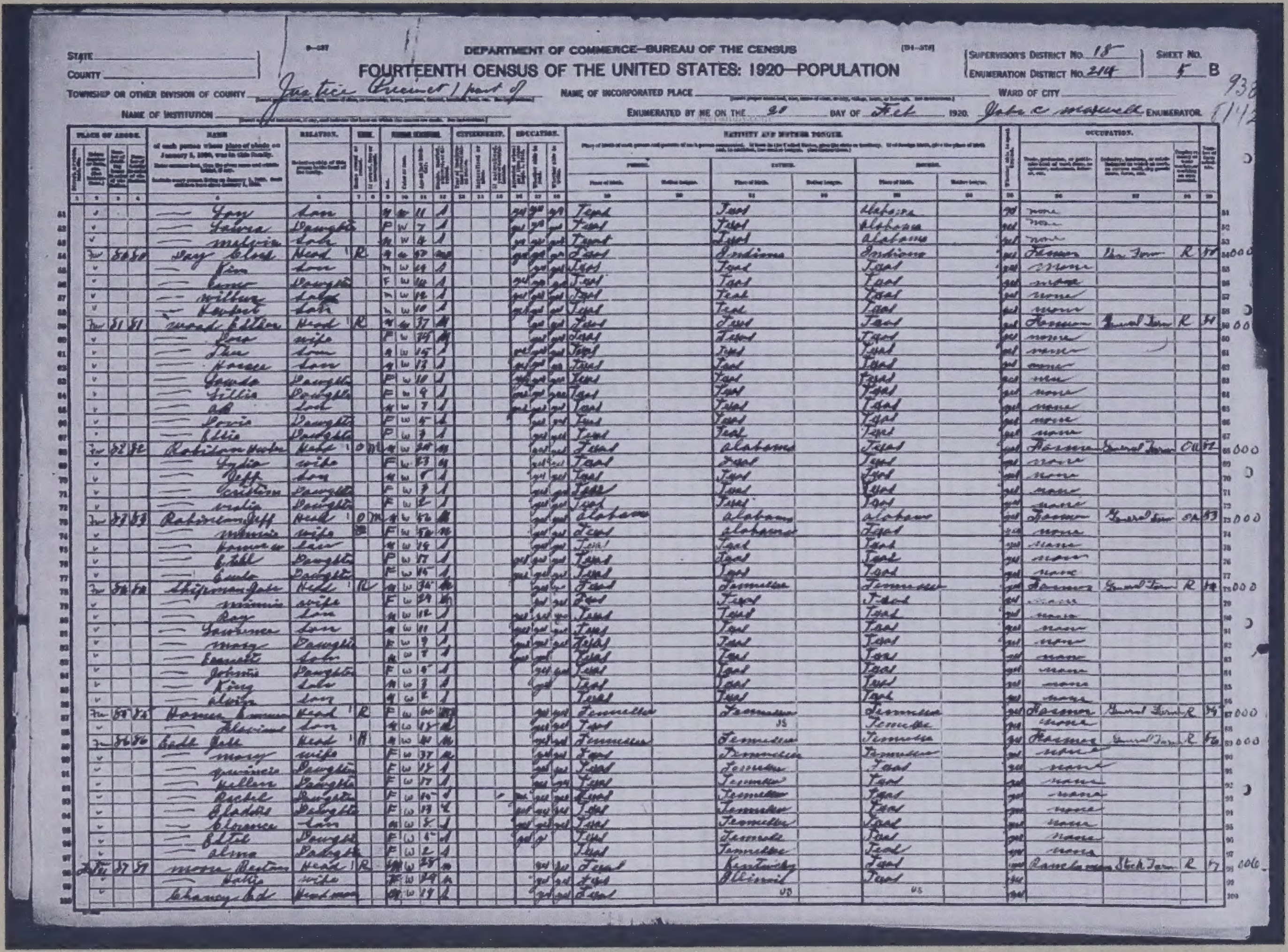
1920 UNITED STATES FEDERAL CENSUS



DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

STATE

COUNTY

TOWNSHIP OR OTHER DIVISION OF COUNTY Justice Precinct 1 part of

NAME OF INSTITUTION

NAME OF INCORPORATED PLACE

ENUMERATED BY ME ON THE 20 DAY OF Feb 1920. John C Maxwell ENUMERATOR.

SUPERVISOR'S DISTRICT NO. 18

ENUMERATION DISTRICT NO. 214

WARD OF CITY

SHEET NO. 5 B

LILLIE ~~WARD~~ Wood

HOME IN 1920: JUSTICE PRECINCT 1, SCURRY, TEXAS
AGE: 9
ESTIMATED BIRTH YEAR: ABT 1911
BIRTHPLACE: TEXAS
RELATION TO HEAD OF HOUSE: DAUGHTER
FATHER'S NAME: ESTHER Arthur
FATHER'S BIRTH PLACE: TEXAS
MOTHER'S NAME: DARA Dora
MOTHER'S BIRTH PLACE: TEXAS
MARITAL STATUS: SINGLE
RACE: WHITE
SEX: FEMALE
ABLE TO READ: YES
ABLE TO WRITE: YES
IMAGE: 11

SOURCE INFORMATION: WWW.ANCESTRY.COM DATABASE: 1920 UNITED STATES FEDERAL CENSUS DETAIL: YEAR: 1920; CENSUS PLACE: JUSTICE PRECINCT 1, SCURRY, TEXAS; ROLL: T625_1845; PAGE: 5B; ENUMERATION DISTRICT: 214; IMAGE: 11.

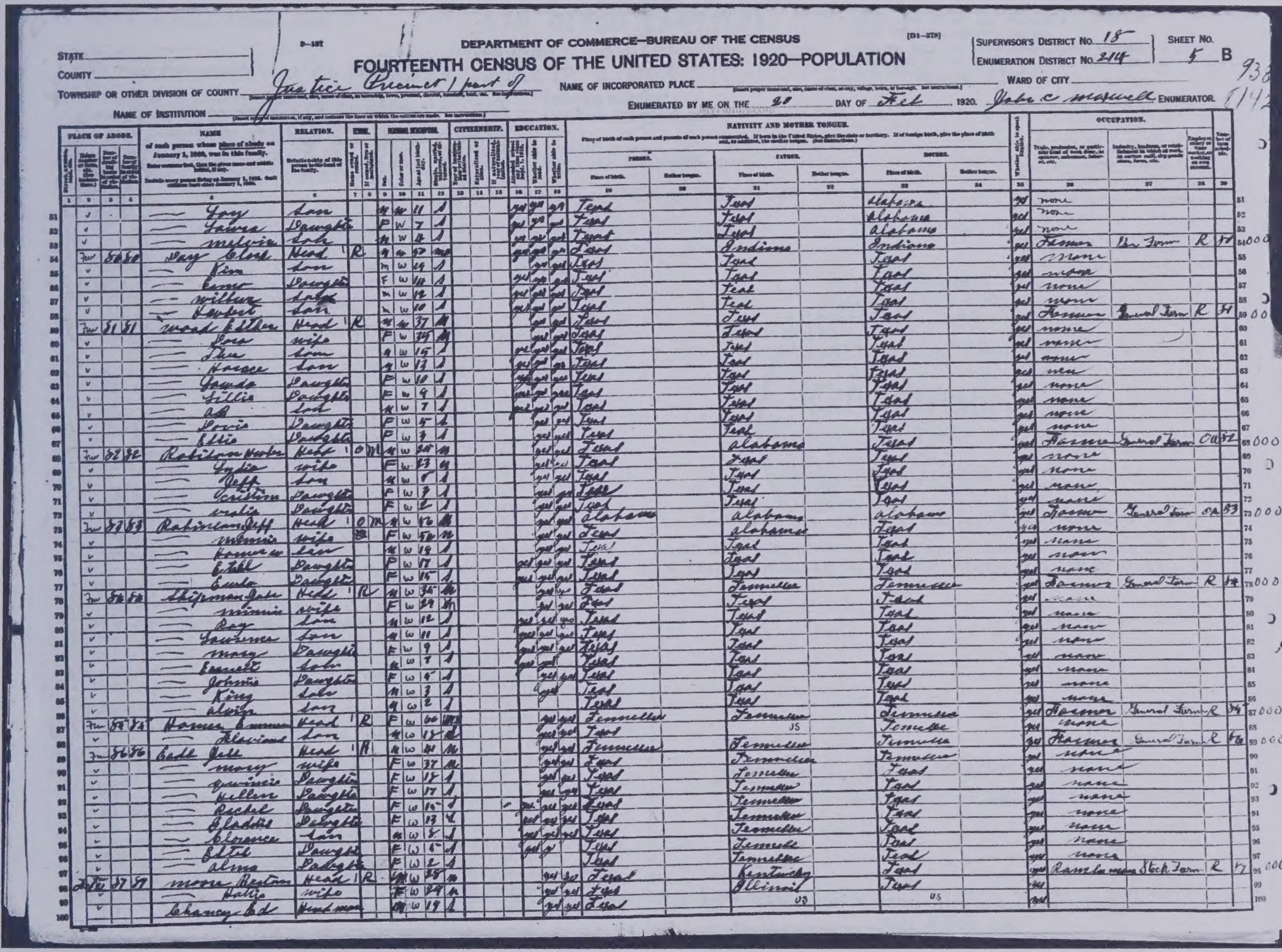
DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

STATE ____
COUNTY ____
TOWNSHIP OR OTHER DIVISION OF COUNTY Justice Precinct 1 part of
NAME OF INSTITUTION ____
NAME OF INCORPORATED PLACE ____
ENUMERATED BY ME ON THE 20 DAY OF Feb, 1920. Jake C Maxwell, ENUMERATOR.
SUPERVISOR'S DISTRICT NO. 18
ENUMERATION DISTRICT NO. 214
WARD OF CITY ____
SHEET NO. 5 B

938
8142

Line	1 Street	2 House	3 Dwelling	4 Family	6 Name	6 Relation	7 Home owned or rented	8 Owned free or mortgaged	9 Sex	10 Color or race	11 Age	12 Marital	16 Attended school	17 Able to read	18 Able to write	19 Person: Place of birth	21 Father: Place of birth	23 Mother: Place of birth	25 Speak English	26 Trade or profession	27 Industry	28 Employer, salary or wage worker	29 Farm schedule
51		v			— Gay	Son			M	W	11	S	yes	yes	yes	Texas	Texas	Alabama	yes	none			
52		v			— Laura	Daughter			F	W	7	S	yes	yes	yes	Texas	Texas	Alabama	yes	none			
53		v			— Melvin	Son			M	W	4	S	yes	yes	yes	Texas	Texas	Alabama	yes	none			
54		Fm	50	50	Day Clock	Head	R		M	W	47	Wd	yes	yes	yes	Texas	Indiana	Indiana	yes	Farmer	Gen Farm	R	50
55		v			— Kim	Son			M	W	19	S		yes	yes	Texas	Texas	Texas	yes	none			
56		v			— Emmo	Daughter			F	W	14	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
57		v			— Wilbur	Son			M	W	12	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
58		v			— Herbert	Son			M	W	10	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
59		Fm	51	51	Wood Eldon	Head	R		M	W	37	M		yes	yes	Texas	Texas	Texas	yes	Farmer	General Farm	R	51
60		v			— Lora	wife			F	W	35	M		yes	yes	Texas	Texas	Texas	yes	none			
61		v			— Ike	Son			M	W	15	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
62		v			— Horace	Son			M	W	13	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
63		v			— Lawda	Daughter			F	W	10	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
64		v			— Lillie	Daughter			F	W	9	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
65		v			— A.B.	Son			M	W	7	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
66		v			— Lovie	Daughter			F	W	5	S		yes	yes	Texas	Texas	Texas	yes	none			
67		v			— Ellie	Daughter			F	W	3	S		yes	yes	Texas	Texas	Texas	yes	none			
68		Fm	52	52	Robison Herbert	Head	O	M	M	W	25	M		yes	yes	Texas	Alabama	Texas	yes	Farmer	General Farm	OA	52
69		v			— Lydia	wife			F	W	23	M		yes	yes	Texas	Texas	Texas	yes	none			
70		v			— Jeff	Son			M	W	6	S		yes	yes	Texas	Texas	Texas	yes	none			
71		v			— Cristina	Daughter			F	W	3	S		yes	yes	Texas	Texas	Texas	yes	none			
72		v			— Nalie	Daughter			F	W	2	S		yes	yes	Texas	Texas	Texas	yes	none			
73		Fm	53	53	Robinson Jeff	Head	O	M	M	W	56	M		yes	yes	Alabama	Alabama	Alabama	yes	Farmer	General Farm	OA	53
74		v			— Minnie	wife			F	W	54	M		yes	yes	Texas	Alabama	Texas	yes	none			
75		v			— Homer W	Son			M	W	19	S		yes	yes	Texas	Texas	Texas	yes	none			
76		v			— Ethel	Daughter			F	W	17	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
77		v			— Eula	Daughter			F	W	15	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
78		Fm	54	54	Shipman Jake	Head	R		M	W	35	M		yes	yes	Texas	Tennessee	Tennessee	yes	Farmer	General Farm	R	54
79		v			— Minnie	wife			F	W	29	M		yes	yes	Texas	Texas	Texas	yes	none			
80		v			— Ray	Son			M	W	12	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
81		v			— Lawrence	Son			M	W	11	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
82		v			— Mary	Daughter			F	W	9	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
83		v			— Emmett	Son			M	W	7	S	yes	yes		Texas	Texas	Texas	yes	none			
84		v			— Johnnie	Daughter			F	W	5	S		yes	yes	Texas	Texas	Texas	yes	none			
85		v			— King	Son			M	W	3	S		yes		Texas	Texas	Texas	yes	none			
86		v			— Alvin	Son			M	W	2	S				Texas	Texas	Texas	yes	none			
87		Fm	55	55	Homes Emma	Head	R		F	W	66	Wd		yes	yes	Tennessee	Tennessee	Tennessee	yes	Farmer	General Farm	R	55
88		v			— Elvious	Son			M	W	18	M		yes	yes	Texas	US	Tennessee	yes	none			
89		Fm	56	56	Cobb Jake	Head	R		M	W	41	M		yes	yes	Tennessee	Tennessee	Tennessee	yes	Farmer	General Farm	R	56
90		v			— Mary	wife			F	W	37	M		yes	yes	Texas	Tennessee	Tennessee	yes	none			
91		v			— Quincie	Daughter			F	W	18	S		yes	yes	Texas	Tennessee	Texas	yes	none			
92		v			— Hellen	Daughter			F	W	17	S		yes	yes	Texas	Tennessee	Texas	yes	none			
93		v			— Rachel	Daughter			F	W	15	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
94		v			— Gladdis	Daughter			F	W	13	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
95		v			— Clarence	Son			M	W	8	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
96		v			— Ethel	Daughter			F	W	5	S	yes	yes		Texas	Tennessee	Texas	yes	none			
97		v			— Alma	Daughter			F	W	2	S				Texas	Tennessee	Texas	yes	none			
98		Fm Tx	57	57	Moore Bertan	Head	R		M	W	28	M		yes	yes	Texas	Kentucky	Texas	yes	Ranchman	Stock Farm	R	57
99		v			— Hattie	wife			F	W	29	M		yes	yes	Texas	Illinois	Texas	yes				
100		v			Chancy Ed	Hired man			M	W	19	S		yes	yes	Texas	US	US	yes				



DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION

STATE

COUNTY

TOWNSHIP OR OTHER DIVISION OF COUNTY Justice Precinct / part of

NAME OF INSTITUTION

NAME OF INCORPORATED PLACE

WARD OF CITY

SUPERVISOR'S DISTRICT NO. 18

ENUMERATION DISTRICT NO. 214

SHEET NO. 5 B

ENUMERATED BY ME ON THE 20 DAY OF Feb 1920. John C Maxwell ENUMERATOR.

938

6112

Line	2	3	4	Name	Relation	7	8	Sex	Color	Age	Marital	16	17	18	Birthplace	Father	Mother	25	Occupation	Industry	28	29
51	v			— Loy	Son			M	W	11	S	yes	yes	yes	Texas	Texas	alabama	yes	none			
52	v			— Laura	Daughter			F	W	7	S	yes	yes	yes	Texas	Texas	Alabama	yes	none			
53	v			— Melvin	Son			M	W	4	S	yes	yes	yes	Texas	Texas	alabama	yes	none			
54	Fm	50	50	Day Clock	Head	R		M	W	57	Wd	yes	yes	yes	Texas	Indiana	Indiana	yes	Farmer	Gen Farm	R	50
55	v			— Kim	Son			M	W	29	S		yes	yes	Texas	Texas	Texas	yes	none			
56	v			— Emo	Daughter			F	W	14	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
57	v			— Wilbur	Son			M	W	12	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
58	v			— Herbert	Son			M	W	10	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
59	Fm	51	51	Wood Edther	Head	R		M	W	37	M		yes	yes	Texas	Texas	Texas	yes	Farmer	General Farm	R	51
60	v			— Lora	Wife			F	W	35	M		yes	yes	Texas	Texas	Texas	yes	none			
61	v			— Thee	Son			M	W	15	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
62	v			— Horace	Son			M	W	13	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
63	v			— Launda	Daughter			F	W	10	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
64	v			— Lillie	Daughter			F	W	9	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
65	v			— A B	Son			M	W	7	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
66	v			— Lorie	Daughter			F	W	5	S		yes	yes	Texas	Texas	Texas	yes	none			
67	v			— Ellie	Daughter			F	W	3	S		yes	yes	Texas	Texas	Texas	yes	none			
68	Fm	52	52	Robison Herbert	Head	O	M	M	W	25	M		yes	yes	Texas	alabama	Texas	yes	Farmer	General Farm	OM	52
69	v			— Lydia	Wife			F	W	23	M		yes	yes	Texas	Texas	Texas	yes	none			
70	v			— Jeff	Son			M	W	5	S		yes	yes	Texas	Texas	Texas	yes	none			
71	v			— Cristine	Daughter			F	W	3	S		yes	yes	Texas	Texas	Texas	yes	none			
72	v			— Avalie	Daughter			F	W	2	S		yes	yes	Texas	Texas	Texas	yes	none			
73	Fm	53	53	Robinson Jeff	Head	O	M	M	W	56	M		yes	yes	alabama	alabama	alabama	yes	Farmer	General Farm	OM	53
74	v			— Minnie	Wife			F	W	50	M		yes	yes	Texas	alabama	Texas	yes	none			
75	v			— Homer W	Son			M	W	19	S		yes	yes	Texas	Texas	Texas	yes	none			
76	v			— Ethel	Daughter			F	W	17	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
77	v			— Eula	Daughter			F	W	15	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
78	Fm	54	54	Shipman Jake	Head	R		M	W	35	M		yes	yes	Texas	Tennessee	Tennessee	yes	Farmer	General Farm	R	54
79	v			— Minnie	Wife			F	W	29	M		yes	yes	Texas	Texas	Texas	yes	none			
80	v			— Roy	Son			M	W	12	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
81	v			— Lawrence	Son			M	W	11	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
82	v			— Mary	Daughter			F	W	9	S	yes	yes	yes	Texas	Texas	Texas	yes	none			
83	v			— Emmett	Son			M	W	7	S	yes	yes		Texas	Texas	Texas	yes	none			
84	v			— Johnnie	Daughter			F	W	5	S		yes	yes	Texas	Texas	Texas	yes	none			
85	v			— King	Son			M	W	3	S		yes		Texas	Texas	Texas	yes	none			
86	v			— Alvin	Son			M	W	2	S				Texas	Texas	Texas	yes	none			
87	Fm	55	55	Horner Emma	Head	R		F	W	66	Wd		yes	yes	Tennessee	Tennessee	Tennessee	yes	Farmer	General Farm	R	54
88	v			— Flavious	Son			M	W	18	S		yes	yes	Texas	US	Tennessee	yes	none			
89	Fm	56	56	Cadd Jake	Head	R		M	W	41	M		yes	yes	Tennessee	Tennessee	Tennessee	yes	Farmer	General Farm	R	56
90	v			— Mary	Wife			F	W	37	M		yes	yes	Texas	Tennessee	Tennessee	yes	none			
91	v			— Quincie	Daughter			F	W	18	S		yes	yes	Texas	Tennessee	Texas	yes	none			
92	v			— Hellen	Daughter			F	W	17	S		yes	yes	Texas	Tennessee	Texas	yes	none			
93	v			— Rachel	Daughter			F	W	15	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
94	v			— Gladdis	Daughter			F	W	13	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
95	v			— Florence	Son			M	W	8	S	yes	yes	yes	Texas	Tennessee	Texas	yes	none			
96	v			— Ethel	Daughter			F	W	5	S	yes	yes		Texas	Tennessee	Texas	yes	none			
97	v			— Alma	Daughter			F	W	2	S				Texas	Tennessee	Texas	yes	none			
98	Fm	57	57	Moore Beston	Head	R		M	W	28	M		yes	yes	Texas	Kentucky	Texas	yes	Ranchman	Stock Farm	R	57
99	v			— Hattie	Wife			F	W	24	M		yes	yes	Texas	Illinois	Texas	yes				
100	v			Chaney Ed	Hired man			M	W	19	S		yes	yes	Texas	US	US	yes				

NOTICE TO OUR AUTHORIZED REPRESENTATIVES

This will be your authority to extend to the Insured all possible courtesy and assistance and, in event of accident, give to the Insured at the Company's expense whatever help may be practicable within the limits of our policy conditions.

UNITED PACIFIC INSURANCE COMPANY

John J. Savage
PRESIDENT

THIS CERTIFIES — POLICY NUMBER 347653

IS IN FULL FORCE AND

EFFECT UNTIL C9-04-77

AND FOR SUCH SUCCEEDING POLICY PERIODS SHOWN IN THE DECLARATIONS, PROVIDED PREMIUM PAYMENT IS MADE IN ACCORDANCE WITH POLICY DECLARATIONS AND COMPLIANCE IS MADE WITH ALL OTHER POLICY CONDITIONS OR THE POLICY IS NOT OTHERWISE TERMINATED.

FOLD ALONG DOTTED LINE

Use reverse side for on the spot information concerning an accident.

Show date, time, place, other automobile, description, license number, operator's name and address, witnesses, names and addresses.

Report the accident to the police, the nearest representative of the company and your agent. If serious, or in case of total theft, wire your agent or the company collect, giving details including the policy number.

AGENT
RCBSON-CAVIG-FLETCHER
110 W "A"-SUITE 1050
SAN DIEGO CA*92101

INSURED
LILLIE A HAM

UNITED PACIFIC
INSURANCE COMPANY
SERVICE · INTEGRITY · PROTECTION
A RELIANCE COMPANY
BOX 1216 • TACOMA, WA. 98401

INSURANCE IDENTIFICATION CARD

FOLD ALONG DOTTED LINE

BAIL BOND SERVICE - The company will pay the cost of bonds, but without obligation to apply for or furnish such bonds, guaranteeing the Insured's appearance in court if such appearance is required by reason of an accident or a traffic law violation occurring during the policy period and arising out of the use of an automobile with respect to which use insurance is afforded such Insured under this policy. The company's liability under this insuring agreement with respect to each bond shall not exceed the sum of $250.00.

ATTACHMENT BOND SERVICE - The company will pay all premiums for bonds to release attachments not in excess of the applicable limit of liability of this policy, but without obligation to apply for or furnish such bond, in the event an attachment is filed against the Insured's automobile or personal property by reason of an accident occurring during the policy period and arising out of the use of an automobile with respect to which use insurance is afforded such Insured under this policy.

(Above Bail and Attachment Bond services available only with Bodily Injury and Property Damage Liability Policy.)

ACCIDENT NOTES

Driver of Policyholder's Car ____________
Address ____________
____________ Phone ____________
Accident Date ________ Time ______ Place ____________
____
Other Driver ____________
Address ____________
____________ Phone ____________
Other Car Make ____________ Year ________
License No. ____________ State ________
Owner of Other Car ____________
Address ____________
____________ Phone ____________
Insurance Company ____________
Persons Injured — Name — Address — Phone
____
____
____
Where Taken ____________
Occupants of Other Car — Name — Address — Phone
____
____
____
Witnesses — Name — Address — Phone
____
____
____
Damage to Other Car ____________
____
Police Name ____________ No. ________

Telephone this information to United Pacific/Reliance immediately

1. Look for our name in the phone directory. We have representatives in most cities.
2. In Canada we are listed under Reliance Insurance Company of Philadelphia.
3. If we are not listed, report the accident to your agent immediately.
4. Or, telephone or wire us collect at:

Tacoma, Washington	(206) 383-1481
Philadelphia, Pennsylvania	(215) 864-4000

IF THE ACCIDENT INVOLVES:

a. Another car with people in it (even though no one was hurt)
b. A pedestrian, or
c. Any personal injury or extensive property damage.

CALL YOUR LOCAL UNITED PACIFIC/RELIANCE CLAIMS OFFICE.

THIS CERTIFIES THAT

LILLIE A. HAM

WHO RETIRED IN 1968 IS A

Life Member

OF THE

San Diego County Employees' Association

AND IS ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF A RETIRED MEMBER WITHOUT FURTHER PAYMENT OF DUES

Lillie a Ham
SIGNATURE OF MEMBER

THIS MEMBERSHIP CARD INCLUDES ADMISSION TO THE
SAN DIEGO ZOO

Greenwood Mortuary

Within

Greenwood Memorial Park

IMPORTANT INSTRUCTIONS

TO WHOM IT MAY CONCERN:

Date Feb. 1958

I have Pre-Need Arrangements with

Greenwood Memorial Park
and Mortuary

It is my request and desire that in case of my demise that they be notified immediately.

Signed Lillie a Ham

Address 670 South anza
Elcajon calif.

Phone: COngress 4-3131
43rd and Market Sts. San Diego, California

IMPORTANT INSTRUCTIONS

Kaiser Permanente medical card
med no 2198396 **EMERGENCY MEDICAL INFORMATION**

Dactors Name Poyzeur Phone ~~2972592~~ 5633184
Address Zion City San Diego State calif
Blood Type O RH Factor P Allergic to Penicillin Yes
Diabetic no Heart no Hemophiliac__ Tetanus Shot__
Epileptic no Additional Information Lymphatic Leukimia, arthritis,
In the event of my death notify Greenwood Mortuary
Address 43 & market City San Diego State calif

THE AMERICAN NATIONAL ASSOCIATION
OF SENIOR CITIZENS

Name Lillie Ham
Address 670 S. Anza St.
City El Cajon State CA 92020
Phone 444-5428
Social Security No. 557-18-4505
Date of Birth aug 30, 1910

REOSDC

Progress.
Unity
Protection

LILLIE A HAM 636

Jan 1976 557 18 4505
(DATE) (SOC. SEC. NO.)

Is a MEMBER of the
RETIRED EMPLOYEES OF
SAN DIEGO COUNTY, Inc.
and
The CALIFORNIA RETIRED
COUNTY EMPLOYEES ASSN.

Lillie A Ham

EDGEMOOR GERIATRIC HOSPITAL
County of San Diego
Santee, California

IDENTIFICATION:

Lillie A. Ham IS EMPLOYED AS
Attendant DATING FROM
10-17, 1955.

NOTE: THE IDENTIFICATION CARD MUST BE RETURNED TO PERSONNEL CLERK UPON TERMINATION OF EMPLOYMENT.

R E Flaven
SUPERINTENDENT 448 2411

N. Edgemoor Dr.
Santee calif
92071

Lillie A Ham

EDGEMOOR GERIATRIC HOSPITAL
County of San Diego
Santee, California

IDENTIFICATION:

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Attendant DATING FROM
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R E Flaven
SUPERINTENDENT 448 2411

Life Membership A 94215

Not assessable Non-transferable

EDERAL EMPLOYEES' DISTRIBUTING CO.
A California NON-PROFIT corporation
(FEDCO, INC.)

This certifies that LILLIE A. HAM whose signature appears hereon is a associate member of the above named corporation.

David D. MacFarlane
President

Lillie a Ham
Signature of Member

H R Ham
Signature of Spouse

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
LILLIE A HAM

CLAIM NUMBER
557-18-4505-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL INSURANCE 7-1-73
MEDICAL INSURANCE 7-1-73

EFFECTIVE DATE

SIGN HERE ▷ Lillie a Ham

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare."
3. Get in touch with your social security office if you have questions about your rights under "Medicare."
4. Your card is good wherever you live in the United States.

WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

Return To: SOCIAL SECURITY ADMINISTRATION
Baltimore, Maryland 21235

FORM SSA-1966 (4-72)

Lillie a Ham
SIGNATURE

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

San Diego 1, California

It is hereby certified that

LILLIE A. HAM

HAS BEEN RETIRED FROM THE SERVICE OF THE COUNTY OF S. DIEGO AND HAS BEEN GRANTED A LIFETIME RETIREMENT PENSIC

RET. No. 35794 RET. DATE 11/15/68

Delavan J Dedson
CHAIRMAN, BOARD OF RETIREMENT

HOW TO CHANGE YOUR ADDRESS

So that you may receive your retirement warrant romptly each month, please notify the Retirement ivision, Office of the County Treasurer, San Diego 1, alifornia, of any change of address not later than ie 20th of the month. This will insure that your warınt for that month will be sent to your new address.

Print your name, your old address, your new ddress, date and sign the notice, and mail it to us s soon as possible.

Do not forget to notify your postmaster of your ew address so that mail may be forwarded.

Parlee Wilde

This is to certify that . . .

LILLIE HAM

IS AN HONORARY MEMBER OF

Edgemoor Employee's Club

LIFETIME MEMBER

For The Year Of________

Lillie Ham
Member's Signature.

SOCIAL SECURITY ACT

ACCOUNT NUMBER
557-18-4505

HAS BEEN ESTABLISHED FOR

Lillie Wood Ham

1-3-39 Lillie Wood Ham
DATE OF ISSUE EMPLOYEE'S SIGNATURE

548-14-5304

SAN DIEGO COUNTY EMPLOYEES CREDIT UNION

5555 MILDRED STREET
SAN DIEGO, CALIFORNIA 92110
TELEPHONE 296-2126 MESSENGER NO. 72

Lillie a Ham
MEMBER'S SIGNATURE

NAME
LILLIE A HAM

ACCOUNT NO.
1·35794-1-4

MEMBERSHIP CARD

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

San Diego 1, California

It is hereby certified that

LILLIE A. HAM

HAS BEEN RETIRED FROM THE SERVICE OF THE COUNTY OF S
DIEGO AND HAS BEEN GRANTED A LIFETIME RETIREMENT PENSIC

RET. No. 35794 RET. DATE 11/15/68

Delavan J Dedson
CHAIRMAN, BOARD OF RETIREMENT

SIGNATURE Lillie a Ham

THE AMERICAN NATIONAL ASSOCIATION OF SENIOR CITIZENS

Name Lillie Ham
Address 670 S. Anza St.
City El Cajon State CA 92020
Phone 444-5428
Social Security No. 557-18-4505
Date of Birth aug 30, 1910

SAN DIEGO COUNTY EMPLOYEES CREDIT UNION

5555 MILDRED STREET
SAN DIEGO, CALIFORNIA 92110
TELEPHONE 296-2126 MESSENGER NO. 72

Lillie a Ham
MEMBER'S SIGNATURE

NAME
LILLIE A HAM

ACCOUNT NO. 1·35794-1-4

MEMBERSHIP CARD

THIS CERTIFIES THAT

LILLIE A. HAM

WHO RETIRED IN 1968 IS A

Life Member

OF THE

San Diego County Employees' Association

AND IS ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF A RETIRED MEMBER WITHOUT FURTHER PAYMENT OF DUES

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Print your name, your old address, your new ddress, date and sign the notice, and mail it to us s soon as possible.

Do not forget to notify your postmaster of your ew address so that mail may be forwarded.

Kaiser Permanente medical card

med no 2198396

EMERGENCY MEDICAL INFORMATION

Dactors Name Poyseur Phone ~~2972592~~ 5633184

Address Zion City San Diego State Calif

Blood Type O RH Factor P Allergic to Penicillin Yes

Diabetic no Heart no Hemophiliac___ Tetanus Shot___

Epileptic no Additional Information Lymphatic Leukimia, arthritis.

In the event of my death notify Greenwood Mortuary

Address 43 & market City San Diego State Calif

CREDIT UNION HOURS

MONDAYS
9:00 a.m. to 9:00 p.m.
TUESDAY through FRIDAY
9:00 a.m. to 6:00 p.m.

A Reminder of Our Services:

- ★ SAFE, CONVENIENT SAVING
- ★ LIFE SAVING INSURANCE
- ★ SIGNATURE LOANS
- ★ AUTOMOBILE LOANS
- ★ FURNITURE LOANS
- ★ BOAT AND AIRPLANE LOANS
- ★ MOBILE HOME AND TRAILER LOANS
- ★ LOAN PROTECTION INSURANCE
- ★ FINANCIAL COUNSELLING
- ★ TRAVELERS CHECKS
- ★ TITLE I, FHA LOANS
- ★ NOTARY PUBLIC SERVICES

Lillie a Ham

SIGNATURE OF MEMBER

THIS MEMBERSHIP CARD INCLUDES ADMISSION TO THE SAN DIEGO ZOO

THIS CERTIFIES THAT

LILLIE A. HAM
WHO RETIRED IN 1968 IS A

Life Member

OF THE

San Diego

County Employees' Association

AND IS ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF A RETIRED MEMBER WITHOUT FURTHER PAYMENT OF DUES

Lillie a Ham
SIGNATURE OF MEMBER

THIS MEMBERSHIP CARD INCLUDES ADMISSION TO THE SAN DIEGO ZOO

SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
San Diego 1, California

SIGNATURE Lillie a Ham

It is hereby certified that.

LILLIE A. HAM

HAS BEEN RETIRED FROM THE SERVICE OF THE COUNTY OF S.
DIEGO AND HAS BEEN GRANTED A LIFETIME RETIREMENT PENSIC

RET. NO. 35794 RET. DATE 11/15/68

Delavan J Dedison
CHAIRMAN, BOARD OF RETIREMENT

HOW TO CHANGE YOUR ADDRESS

So that you may receive your retirement warrant romptly each month, please notify the Retirement ivision, Office of the County Treasurer, San Diego 1, alifornia, of any change of address not later than ie 20th of the month. This will insure that your warint for that month will be sent to your new address.

Print your name, your old address, your new ddress, date and sign the notice, and mail it to us s soon as possible.

Do not forget to notify your postmaster of your ew address so that mail may be forwarded.

SAN DIEGO COUNTY EMPLOYEES CREDIT UNION
5555 MILDRED STREET
SAN DIEGO, CALIFORNIA 92110
TELEPHONE 296-2126 MESSENGER NO. 72

Lillie a Ham
MEMBER'S SIGNATURE

NAME
LILLIE A HAM

ACCOUNT NO. 1-35794-1-4

MEMBERSHIP CARD

CREDIT UNION HOURS
MONDAYS
9:00 a.m. to 9:00 p.m.
TUESDAY through FRIDAY
9:00 a.m. to 6:00 p.m.

A Reminder of Our Services:

- ★ SAFE, CONVENIENT SAVING
- ★ LIFE SAVING INSURANCE
- ★ SIGNATURE LOANS
- ★ AUTOMOBILE LOANS
- ★ FURNITURE LOANS
- ★ BOAT AND AIRPLANE LOANS
- ★ MOBILE HOME AND TRAILER LOANS
- ★ LOAN PROTECTION INSURANCE
- ★ FINANCIAL COUNSELLING
- ★ TRAVELERS CHECKS
- ★ TITLE I, FHA LOANS
- ★ NOTARY PUBLIC SERVICES

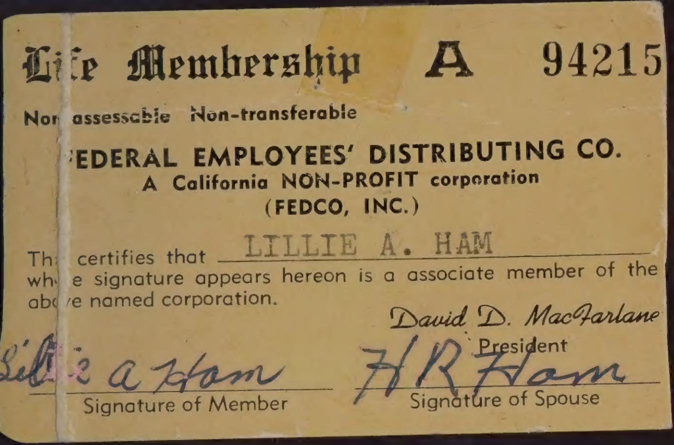
THE AMERICAN NATIONAL ASSOCIATION OF SENIOR CITIZENS

Name Lillie Ham
Address 670 S. Anza St.
City El Cajon State CA 92020
Phone 444-5428
Social Security No. 557-18-4505
Date of Birth aug 30 1910

Kaiser Permanente medical care
med no 5633184

EMERGENCY MEDICAL INFORMATION

2198396
Dactors Name Poyseur Phone 2972592
Address Zion City San Diego State calif
Blood Type O RH Factor P Allergic to Penicillin Yes
Diabetic no Heart no Hemophiliac ___ Tetanus Shot ___
Epileptic no Additional Information Lymphatic Leukimia, arthritis.
In the event of my death notify Greenwood Mortuary
Address 43 + market City San Diego State calif



Life Membership **A** 94215

Non assessable Non-transferable

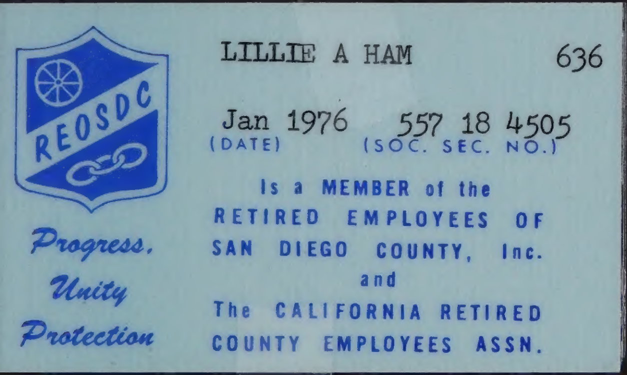
FEDERAL EMPLOYEES' DISTRIBUTING CO.
A California NON-PROFIT corporation
(FEDCO, INC.)

This certifies that LILLIE A. HAM
whose signature appears hereon is a associate member of the above named corporation.

David D. MacFarlane
President

Lillie a Ham
Signature of Member

H R Ham
Signature of Spouse



LILLIE A HAM 636

Jan 1976 557 18 4505
(DATE) (SOC. SEC. NO.)

Is a MEMBER of the
RETIRED EMPLOYEES OF
SAN DIEGO COUNTY, Inc.
and
The CALIFORNIA RETIRED
COUNTY EMPLOYEES ASSN.

REOSDC

Progress,
Unity
Protection

NOTICE TO OUR AUTHORIZED REPRESENTATIVES

This will be your authority to extend to the Insured all possible courtesy and assistance and, in event of accident, give to the Insured at the Company's expense whatever help may be practicable within the limits of our policy conditions.

UNITED PACIFIC INSURANCE COMPANY

John G. Savage
PRESIDENT

THIS
R **CERTIFIES**

POLICY NUMBER
347653

IS IN FULL FORCE AND

EFFECT UNTIL C9-04-77

AND FOR SUCH SUCCEEDING POLICY PERIODS SHOWN IN THE DECLARATIONS, PROVIDED PREMIUM PAYMENT IS MADE IN ACCORDANCE WITH POLICY DECLARATIONS AND COMPLIANCE IS MADE WITH ALL OTHER POLICY CONDITIONS OR THE POLICY IS NOT OTHERWISE TERMINATED.

FOLD ALONG DOTTED LINE

Use reverse side for on the spot information concerning an accident.

Show date, time, place, other automobile, description, license number, operator's name and address, witnesses, names and addresses.

Report the accident to the police, the nearest representative of the company and your agent. If serious, or in case of total theft, wire your agent or the company collect, giving details including the policy number.

AGENT

ROBSON-CAVIG-FLETCHER
110 W "A"-SUITE 1050
SAN DIEGO CA*92101

INSURED

LILLIE A HAM

UNITED PACIFIC
INSURANCE COMPANY

A RELIANCE COMPANY
BOX 1216 • TACOMA, WA. 98401

INSURANCE IDENTIFICATION CARD

FOLD ALONG DOTTED LINE

BAIL BOND SERVICE - The company will pay the cost of bonds, but without obligation to apply for or furnish such bonds, guaranteeing the Insured's appearance in court if such appearance is required by reason of an accident or a traffic law violation occurring during the policy period and arising out of the use of an automobile with respect to which use insurance is afforded such Insured under this policy. The company's liability under this insuring agreement with respect to each bond shall not exceed the sum of $250.00.

ATTACHMENT BOND SERVICE - The company will pay all premiums for bonds to release attachments not in excess of the applicable limit of liability of this policy, but without obligation to apply for or furnish such bond, in the event an attachment is filed against the Insured's automobile or personal property by reason of an accident occurring during the policy period and arising out of the use of an automobile with respect to which use insurance is afforded such Insured under this policy.

(Above Bail and Attachment Bond services available only with Bodily Injury and Property Damage Liability Policy.)

ACCIDENT NOTES

Driver of Policyholder's Car ____________________

Address ____________________

____________________ Phone ________

Accident Date ________ Time ________ Place ________

____

Other Driver ____________________

Address ____________________

____________________ Phone ________

Other Car Make ____________________ Year ________

License No. ____________________ State ________

Owner of Other Car ____________________

Address ____________________

____________________ Phone ________

Insurance Company ____________________

Persons Injured — Name — Address — Phone

____

____

____

Where Taken ____________________

Occupants of Other Car — Name — Address — Phone

____

____

____

Witnesses — Name — Address — Phone

____

____

____

Damage to Other Car ____________________

____

Police Name ____________________ No. ________

Telephone this information to United Pacific/Reliance immediately

1. Look for our name in the phone directory. We have representatives in most cities.
2. In Canada we are listed under Reliance Insurance Company of Philadelphia.
3. If we are not listed, report the accident to your agent immediately.
4. Or, telephone or wire us collect at:

Tacoma, Washington	(206) 383-1481
Philadelphia, Pennsylvania	(215) 864-4000

IF THE ACCIDENT INVOLVES:

a. Another car with people in it (even though no one was hurt)

b. A pedestrian, or

c. Any personal injury or extensive property damage.

CALL YOUR LOCAL UNITED PACIFIC/RELIANCE CLAIMS OFFICE.

Darlee Wilde

This is to certify that . . .

LILLIE HAM

IS AN HONORARY MEMBER OF

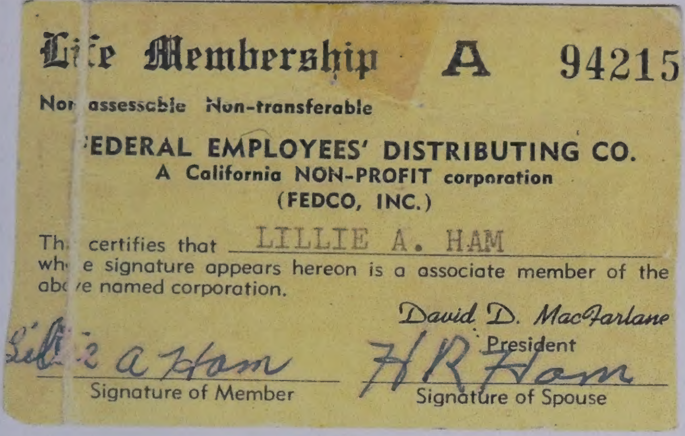
Edgemoor Employee's Club

LIFETIME MEMBER

FOR THE YEAR OF__________

Lillie Ham

Member's Signature.



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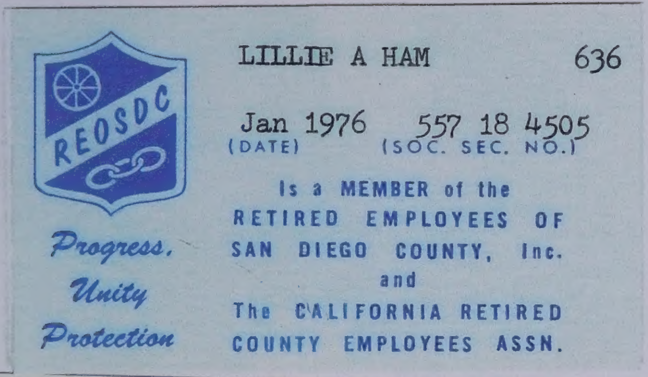
President

Lillie A Ham
Signature of Member

H R Ham
Signature of Spouse



Progress, Unity Protection

LILLIE A HAM 636

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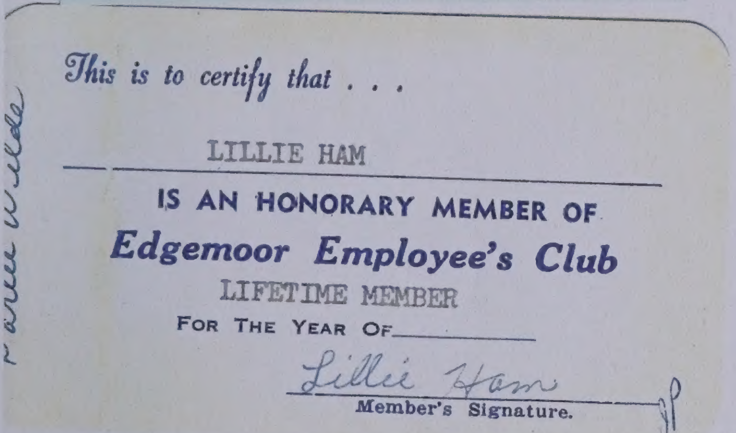
---

ranee Wilde



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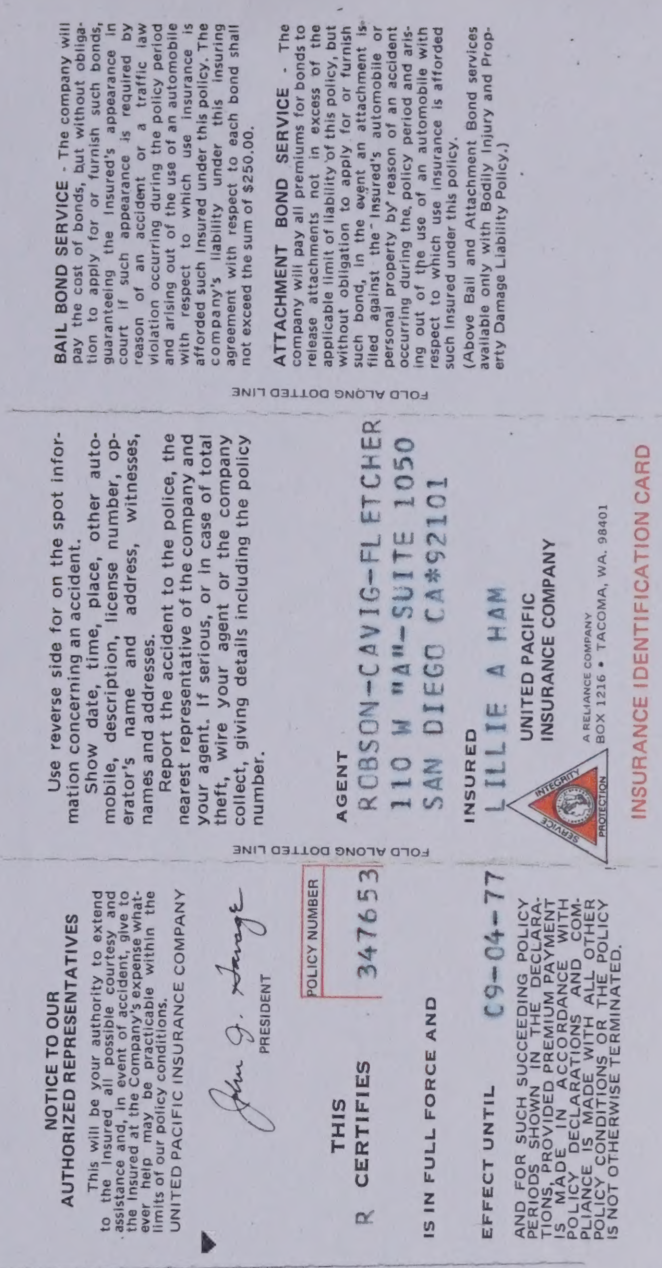

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John G. Savage
PRESIDENT

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FOLD ALONG DOTTED LINE

Use reverse side for on the spot information concerning an accident.

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Report the accident to the police, the nearest representative of the company and your agent. If serious, or in case of total theft, wire your agent or the company collect, giving details including the policy number.

AGENT
ROBSON-CAVIG-FLETCHER
110 W "A"-SUITE 1050
SAN DIEGO CA*92101

INSURED
LILLIE A HAM

UNITED PACIFIC
INSURANCE COMPANY

A RELIANCE COMPANY
BOX 1216 • TACOMA, WA. 98401

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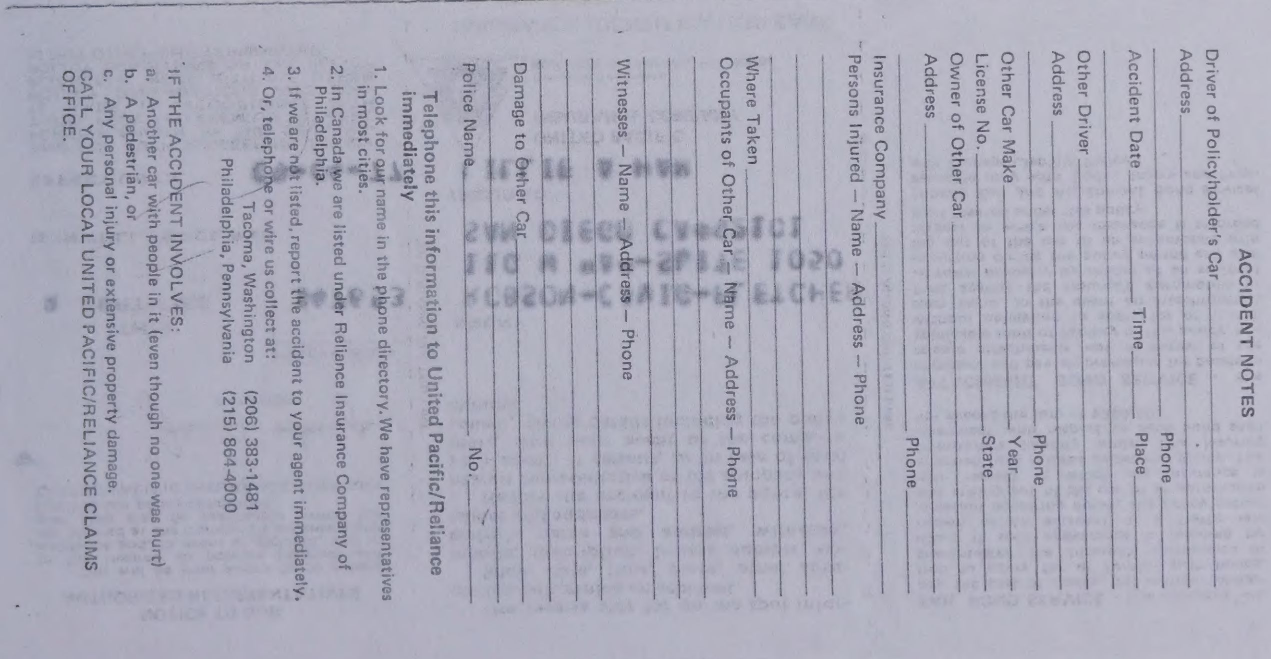

ACCIDENT NOTES

Driver of Policyholder's Car__________
Address__________ Phone__________
Accident Date_____ Time_____ Place_____
Other Driver__________
Address__________ Phone__________
Other Car Make__________ Year_____
License No.__________ State_____
Owner of Other Car__________
Address__________ Phone__________
Insurance Company__________
Persons Injured — Name — Address — Phone
Where Taken__________
Occupants of Other Car — Name — Address — Phone
Witnesses — Name — Address — Phone
Damage to Other Car
Police Name__________ No._____

Telephone this information to United Pacific/Reliance immediately

1. Look for our name in the phone directory. We have representatives in most cities.
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4. Or, telephone or wire us collect at:

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Philadelphia, Pennsylvania (215) 864-4000

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President

Lillie a Ham
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H R Ham
Signature of Spouse

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SERVICE INTEGRITY PROTECTION

AGENT
ROBSON-CAVIG-FLETCHER
110 W "A"-SUITE 1050
SAN DIEGO CA*92101

INSURED
LILLIE A HAM

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John J. Savage
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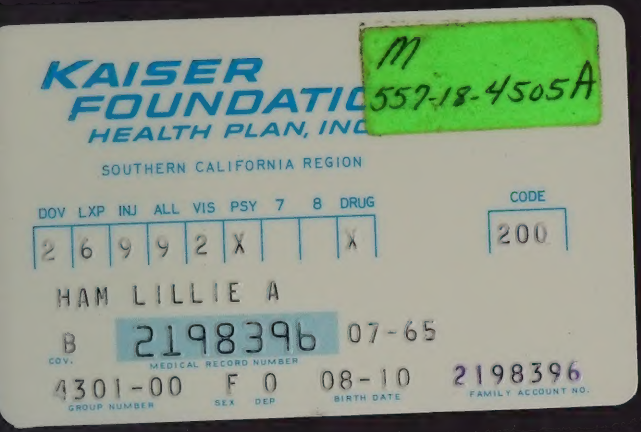


KAISER FOUNDATION HEALTH PLAN, INC

SOUTHERN CALIFORNIA REGION

M
557-18-4505A

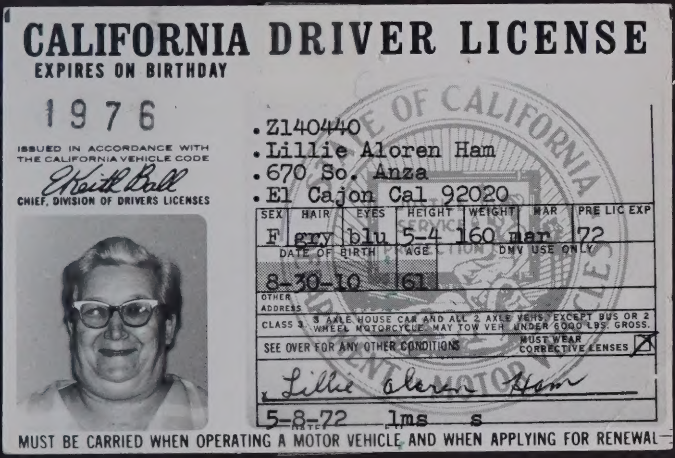
DOV	LXP	INJ	ALL	VIS	PSY	7	8	DRUG
2	6	9	9	2	X			X

CODE
200

HAM LILLIE A

B 2198396 07-65
COV. MEDICAL RECORD NUMBER

4301-00	F	0	08-10	2198396
GROUP NUMBER	SEX	DEP	BIRTH DATE	FAMILY ACCOUNT NO.



CALIFORNIA DRIVER LICENSE

EXPIRES ON BIRTHDAY

1976

ISSUED IN ACCORDANCE WITH THE CALIFORNIA VEHICLE CODE

E Keith Ball
CHIEF, DIVISION OF DRIVERS LICENSES

- Z140440
- Lillie Aloren Ham
- 670 So. Anza
- El Cajon Cal 92020

SEX	HAIR	EYES	HEIGHT	WEIGHT	MAR	PRE LIC EXP
F	gry	blu	5-4	160	mar	72

DATE OF BIRTH	AGE	DMV USE ONLY
8-30-10	61	

OTHER ADDRESS

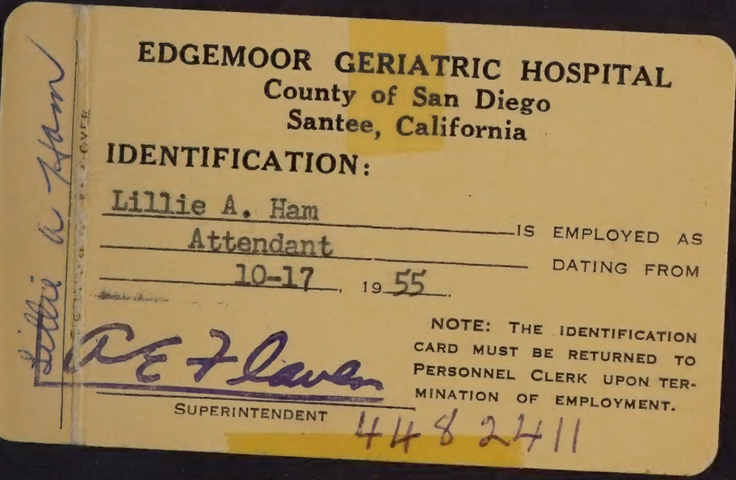
CLASS 3 3 AXLE HOUSE CAR AND ALL 2 AXLE VEHS. EXCEPT BUS OR 2 WHEEL MOTORCYCLE. MAY TOW VEH. UNDER 6000 LBS. GROSS.

SEE OVER FOR ANY OTHER CONDITIONS MUST WEAR CORRECTIVE LENSES ☒

x Lillie Aloren Ham

5-8-72 lms s

MUST BE CARRIED WHEN OPERATING A MOTOR VEHICLE AND WHEN APPLYING FOR RENEWAL



Lillie A. Ham

EDGEMOOR GERIATRIC HOSPITAL

County of San Diego
Santee, California

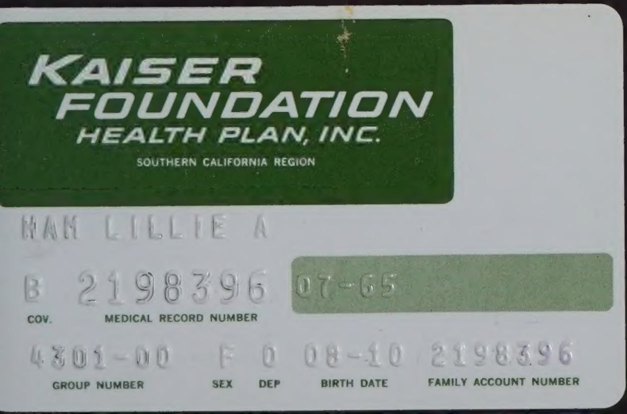
IDENTIFICATION:

Lillie A. Ham IS EMPLOYED AS
Attendant DATING FROM
10-17, 19 55.

NOTE: THE IDENTIFICATION CARD MUST BE RETURNED TO PERSONNEL CLERK UPON TERMINATION OF EMPLOYMENT.

R E Flaven
SUPERINTENDENT

448 2411



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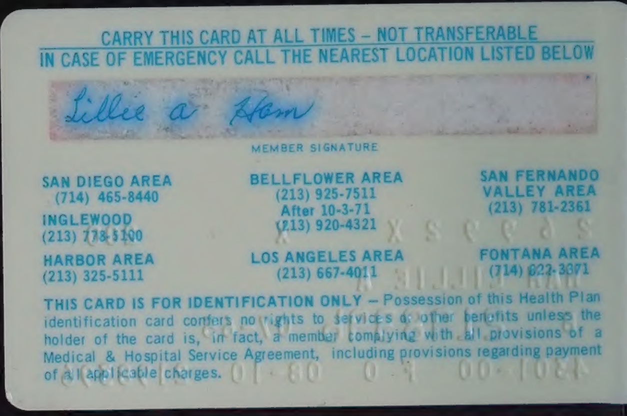


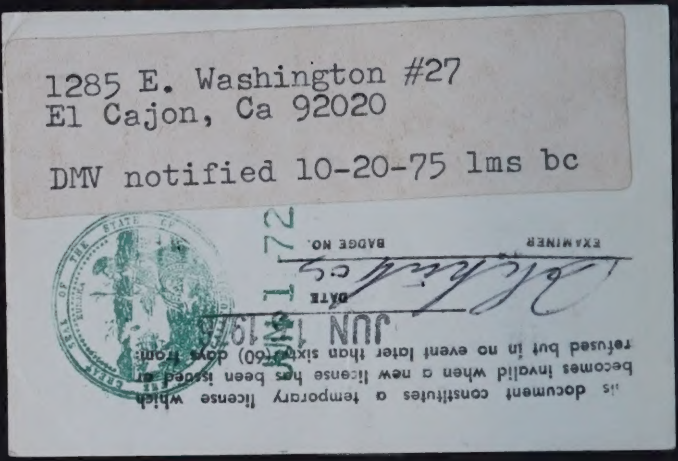
CARRY THIS CARD AT ALL TIMES – NOT TRANSFERABLE
IN CASE OF EMERGENCY CALL THE NEAREST LOCATION LISTED BELOW

Lillie a Ham

MEMBER SIGNATURE

SAN DIEGO AREA (714) 465-8440	BELLFLOWER AREA (213) 925-7511 After 10-3-71 (213) 920-4321	SAN FERNANDO VALLEY AREA (213) 781-2361
INGLEWOOD (213) 778-5100		
HARBOR AREA (213) 325-5111	LOS ANGELES AREA (213) 667-4011	FONTANA AREA (714) 822-3371

THIS CARD IS FOR IDENTIFICATION ONLY – Possession of this Health Plan identification card confers no rights to services or other benefits unless the holder of the card is, in fact, a member complying with all provisions of a Medical & Hospital Service Agreement, including provisions regarding payment of all applicable charges.



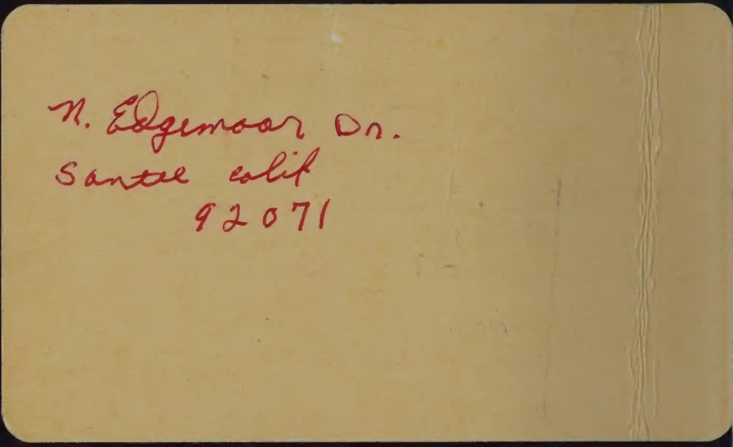
1285 E. Washington #27
El Cajon, Ca 92020

DMV notified 10-20-75 lms bc

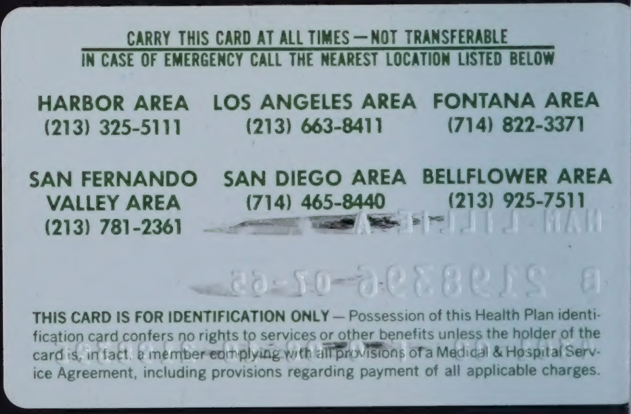
JUN 1 1972

EXAMINER BADGE NO. DATE

..is document constitutes a temporary license which becomes invalid when a new license has been issued or refused but in no event later than sixty (60) days from: JUN 1 1975



N. Edgemoor Dr.
Santee calif
92071



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SUPERINTENDENT

4482411

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Santee calif
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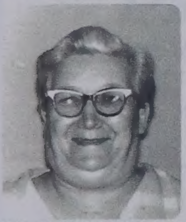

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DATE 1
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SOUTHERN CALIFORNIA REGION

HAM LILLIE A

B 2198396 07-65
COV. MEDICAL RECORD NUMBER

4301-00 F 0 08-10 2198396
GROUP NUMBER SEX DEP BIRTH DATE FAMILY ACCOUNT NUMBER

CARRY THIS CARD AT ALL TIMES—NOT TRANSFERABLE
IN CASE OF EMERGENCY CALL THE NEAREST LOCATION LISTED BELOW

HARBOR AREA
(213) 325-5111

LOS ANGELES AREA
(213) 663-8411

FONTANA AREA
(714) 822-3371

SAN FERNANDO VALLEY AREA
(213) 781-2361

SAN DIEGO AREA
(714) 465-8440

BELLFLOWER AREA
(213) 925-7511

THIS CARD IS FOR IDENTIFICATION ONLY — Possession of this Health Plan identification card confers no rights to services or other benefits unless the holder of the card is, in fact, a member complying with all provisions of a Medical & Hospital Service Agreement, including provisions regarding payment of all applicable charges.

KAISER FOUNDATION HEALTH PLAN, INC
M
557-18-4505A

SOUTHERN CALIFORNIA REGION

DOV	LXP	INJ	ALL	VIS	PSY	7	8	DRUG
2	6	9	9	2	X			X

CODE
200

HAM LILLIE A

B 2198396 07-65
COV. MEDICAL RECORD NUMBER

4301-00 F 0 08-10 2198396
GROUP NUMBER SEX DEP BIRTH DATE FAMILY ACCOUNT NO.

CARRY THIS CARD AT ALL TIMES – NOT TRANSFERABLE
IN CASE OF EMERGENCY CALL THE NEAREST LOCATION LISTED BELOW

Lillie a Ham
MEMBER SIGNATURE

SAN DIEGO AREA
(714) 465-8440

INGLEWOOD
(213) 778-5100

HARBOR AREA
(213) 325-5111

BELLFLOWER AREA
(213) 925-7511
After 10-3-71
(213) 920-4321

LOS ANGELES AREA
(213) 667-4011

SAN FERNANDO VALLEY AREA
(213) 781-2361

FONTANA AREA
(714) 822-3371

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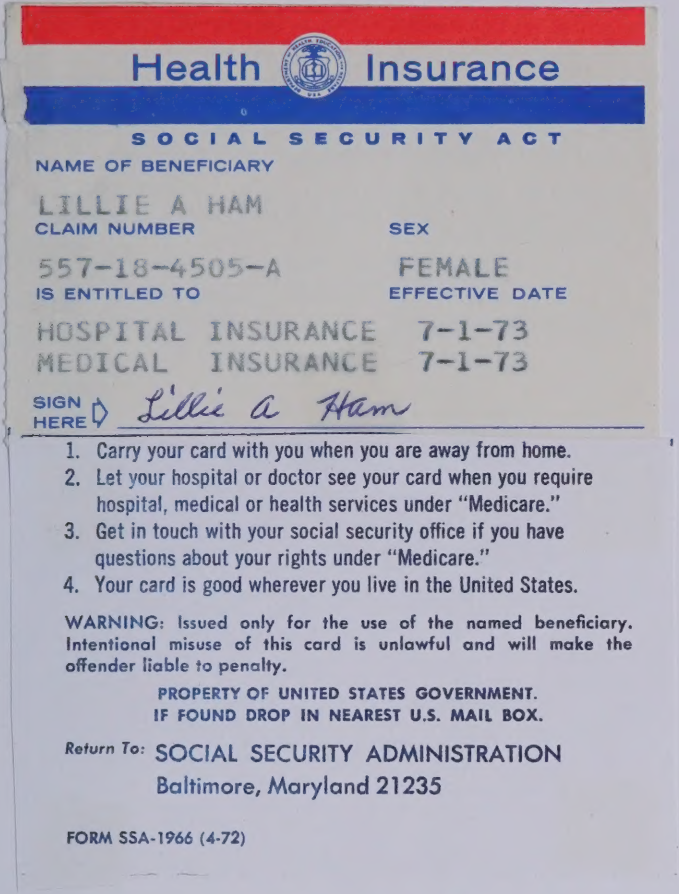


Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
LILLIE A HAM

CLAIM NUMBER	SEX
557-18-4505-A	FEMALE

IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL INSURANCE	7-1-73
MEDICAL INSURANCE	7-1-73

SIGN HERE ▷ Lillie a Ham

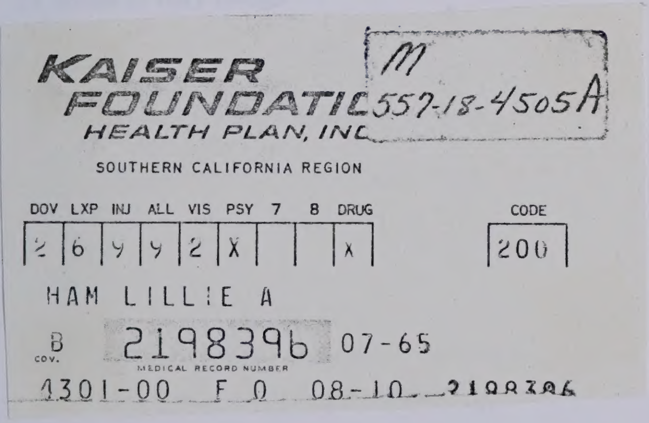
1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare."
3. Get in touch with your social security office if you have questions about your rights under "Medicare."
4. Your card is good wherever you live in the United States.

WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

Return To: SOCIAL SECURITY ADMINISTRATION
Baltimore, Maryland 21235

FORM SSA-1966 (4-72)



KAISER FOUNDATION HEALTH PLAN, INC

M
557-18-4505A

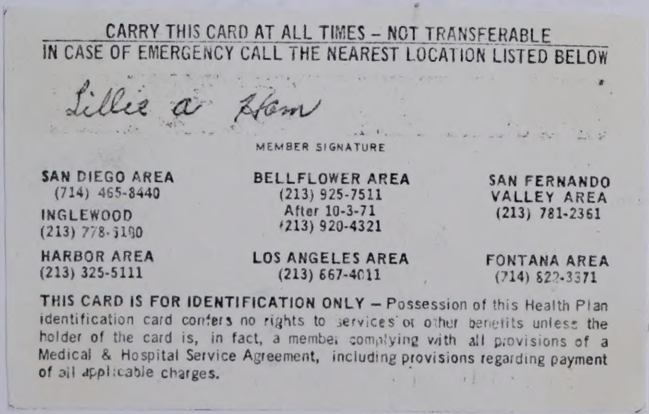
SOUTHERN CALIFORNIA REGION

DOV	LXP	INJ	ALL	VIS	PSY	7	8	DRUG	CODE
2	6	9	9	2	X			X	200

HAM LILLIE A

B COV.
2198396 MEDICAL RECORD NUMBER
07-65

4301-00 F 0 08-10 2198396



CARRY THIS CARD AT ALL TIMES – NOT TRANSFERABLE
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Lillie a Ham
MEMBER SIGNATURE

SAN DIEGO AREA
(714) 465-8440

INGLEWOOD
(213) 778-5100

HARBOR AREA
(213) 325-5111

BELLFLOWER AREA
(213) 925-7511
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(714) 822-3371

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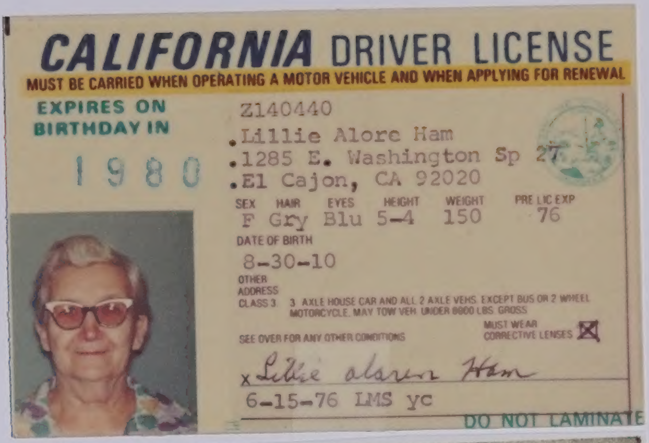


CALIFORNIA DRIVER LICENSE

MUST BE CARRIED WHEN OPERATING A MOTOR VEHICLE AND WHEN APPLYING FOR RENEWAL

EXPIRES ON BIRTHDAY IN
1980

Z140440
Lillie Alore Ham
1285 E. Washington Sp 27
El Cajon, CA 92020

SEX	HAIR	EYES	HEIGHT	WEIGHT	PRE LIC EXP
F	Gry	Blu	5-4	150	76

DATE OF BIRTH
8-30-10

OTHER ADDRESS

CLASS 3 3 AXLE HOUSE CAR AND ALL 2 AXLE VEHS. EXCEPT BUS OR 2 WHEEL MOTORCYCLE. MAY TOW VEH. UNDER 6000 LBS. GROSS

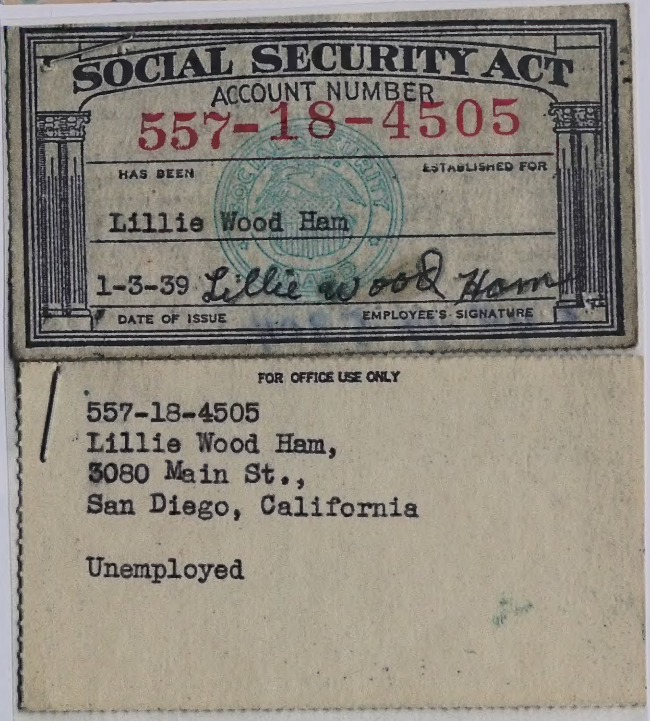
SEE OVER FOR ANY OTHER CONDITIONS

MUST WEAR CORRECTIVE LENSES ☒

x Lillie alore Ham

6-15-76 LMS yc

DO NOT LAMINATE



SOCIAL SECURITY ACT

ACCOUNT NUMBER
557-18-4505

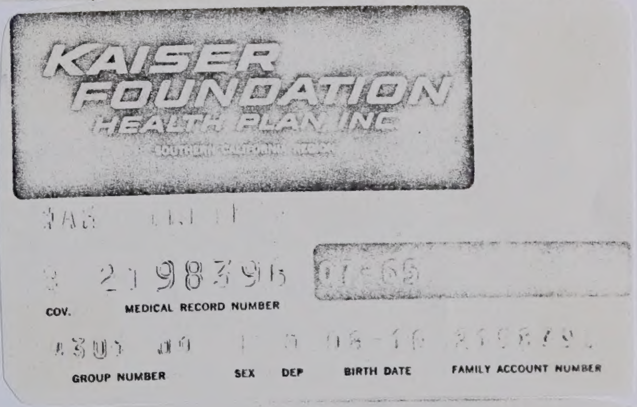
HAS BEEN ESTABLISHED FOR
Lillie Wood Ham

1-3-39 Lillie Wood Ham
DATE OF ISSUE EMPLOYEE'S SIGNATURE

FOR OFFICE USE ONLY

557-18-4505
Lillie Wood Ham,
3080 Main St.,
San Diego, California

Unemployed

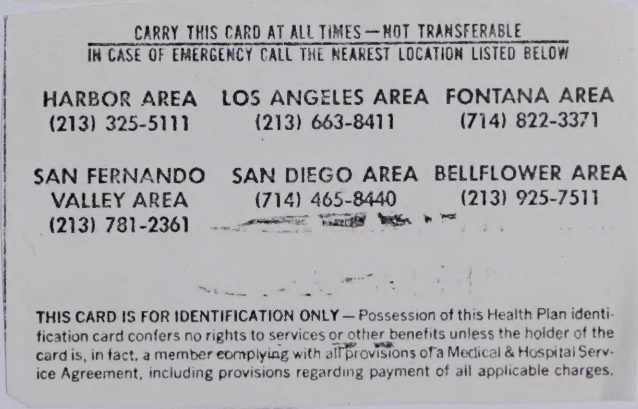


KAISER FOUNDATION HEALTH PLAN, INC
SOUTHERN CALIFORNIA REGION

HAM LILLIE

B 2198396 07-65
COV. MEDICAL RECORD NUMBER

4300 00 F 0 08-10 [illegible]
GROUP NUMBER SEX DEP BIRTH DATE FAMILY ACCOUNT NUMBER



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12 85 E. washington
Sp. 27
Elcajon, calif.
Phone 444-5428

GREENWOOD
MORTUARY
within
GREENWOOD
MEMORIAL PARK

To whom it may concern:

Date Feb. 1961

I have Pre-Need Arrangements with

Greenwood Memorial Park
and Mortuary

It is my request and desire that in case of my demise that they be notified immediately.

Signed Herbert Ham
Address ~~670 So. Anza~~
Elcajon calif. 92020

Phone: COngress 4-3131
43rd and Market Sts. San Diego, California

address over

IMPORTANT INSTRUCTIONS

EMERGENCY MEDICAL INFORMATION

Doctors Name Ira Goldstein Phone 2399781
Address 2602 First ave City San Diego State Calif.
Blood Type ___ RH Factor ___ Allergic to Penicillin no
Diabetic no Heart no Hemophiliac no Tetanus Shot ___
Epileptic no Additional Information ___

In the event of my death notify Greenwood Mortuary
Address 43 + market City San Diego State ___

Greenwood Mortuary
Within
Greenwood Memorial Park

IMPORTANT INSTRUCTIONS

TO WHOM IT MAY CONCERN:

Date Feb. 1958

I have Pre-Need Arrangements with

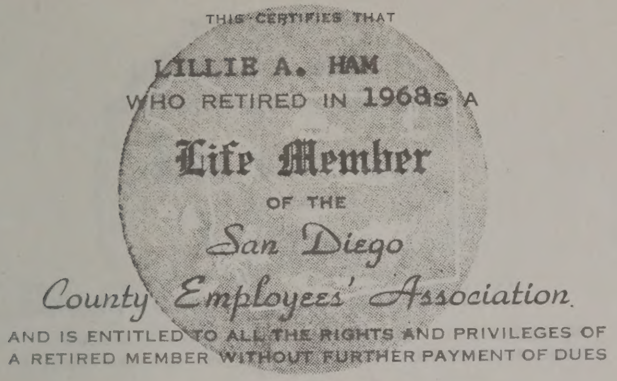
Greenwood Memorial Park
and Mortuary

It is my request and desire that in case of my demise that they be notified immediately.

Signed Lillie A Ham
Address 670 South anza
Elcajon calif.

Phone: COngress 4-3131
43rd and Market Sts. San Diego, California

IMPORTANT INSTRUCTIONS



THIS CERTIFIES THAT

LILLIE A. HAM

WHO RETIRED IN 1968 IS A

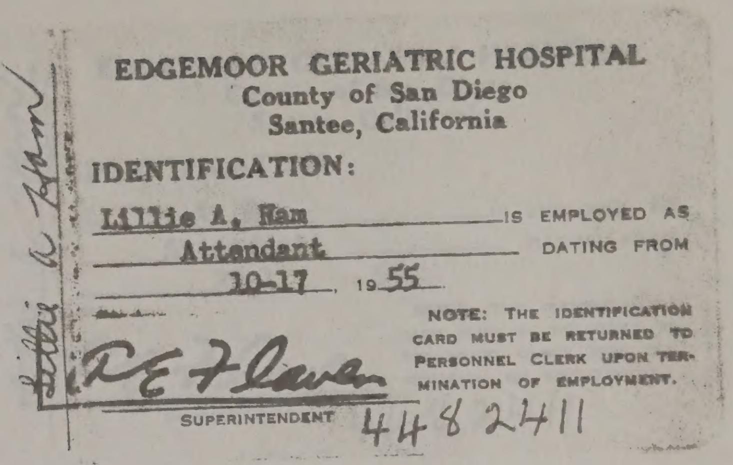
Life Member

OF THE

San Diego

County Employees' Association

AND IS ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF
A RETIRED MEMBER WITHOUT FURTHER PAYMENT OF DUES



Lillie A Ham

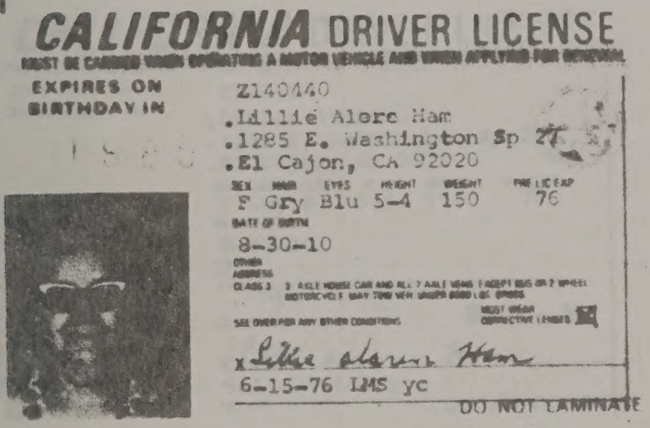
EDGEMOOR GERIATRIC HOSPITAL
County of San Diego
Santee, California

IDENTIFICATION:

Lillie A. Ham IS EMPLOYED AS
Attendant DATING FROM
10-17, 1955

NOTE: THE IDENTIFICATION CARD MUST BE RETURNED TO PERSONNEL CLERK UPON TERMINATION OF EMPLOYMENT.

SUPERINTENDENT 4482411



CALIFORNIA DRIVER LICENSE
MUST BE CARRIED WHEN OPERATING A MOTOR VEHICLE AND WHEN APPLYING FOR RENEWAL

EXPIRES ON BIRTHDAY IN

Z140440
.Lillie Alore Ham
.1285 E. Washington Sp 27
.El Cajon, CA 92020

SEX	HAIR	EYES	HEIGHT	WEIGHT	PRE LIC EXP
F	Gry	Blu	5-4	150	76

DATE OF BIRTH
8-30-10

OTHER ADDRESS

CLASS 3 3 AXLE HOUSE CAR AND ALL 2 AXLE VEHS EXCEPT BUS OR 2 WHEEL MOTORCYCLE MAY TOW VEH UNDER 6000 LBS GROSS

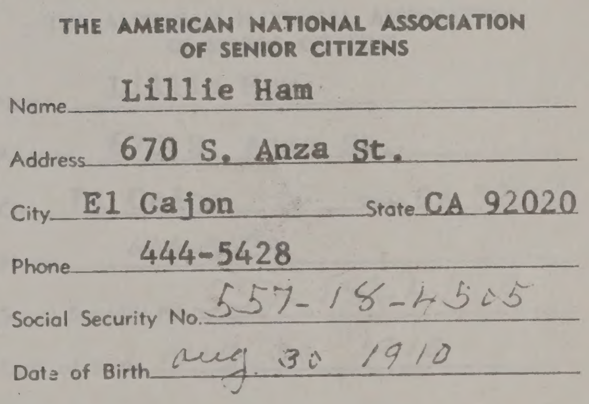
SEE OVER FOR ANY OTHER CONDITIONS

MUST WEAR CORRECTIVE LENSES ☒

x Lillie Alore Ham

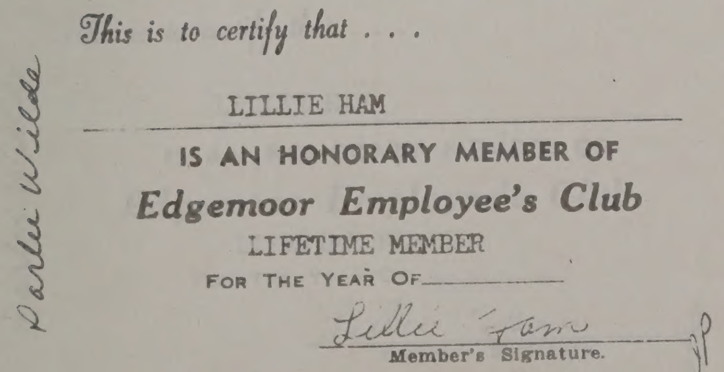
6-15-76 LMS yc

DO NOT LAMINATE



THE AMERICAN NATIONAL ASSOCIATION
OF SENIOR CITIZENS

Name Lillie Ham
Address 670 S. Anza St.
City El Cajon State CA 92020
Phone 444-5428
Social Security No. 557-18-4505
Date of Birth aug. 30 1910



Parlee Wilde

This is to certify that . . .

LILLIE HAM

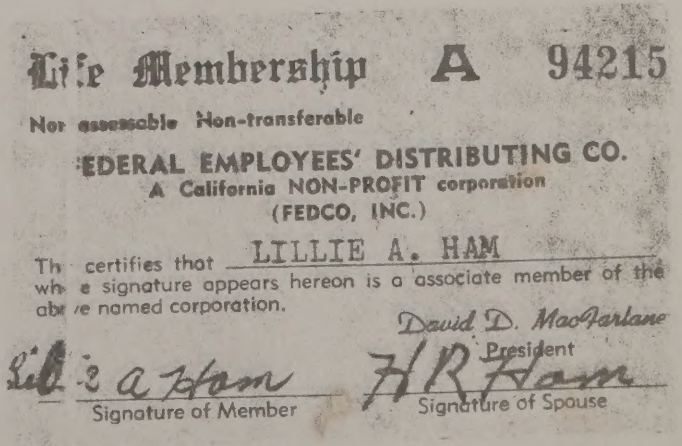
IS AN HONORARY MEMBER OF

Edgemoor Employee's Club

LIFETIME MEMBER

FOR THE YEAR OF

Lillie Ham
Member's Signature.



Life Membership A 94215

Non assessable Non-transferable

FEDERAL EMPLOYEES' DISTRIBUTING CO.
A California NON-PROFIT corporation
(FEDCO, INC.)

This certifies that LILLIE A. HAM whose signature appears hereon is a associate member of the above named corporation.

David D. MacFarlane
President

Lillie A Ham
Signature of Member

H R Ham
Signature of Spouse

THIS CERTIFIES THAT

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WHO RETIRED IN 1968 IS A

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OF THE

San Diego

County Employees' Association

AND IS ENTITLED TO ALL THE RIGHTS AND PRIVILEGES OF
A RETIRED MEMBER WITHOUT FURTHER PAYMENT OF DUES

EDGEMOOR GERIATRIC HOSPITAL
County of San Diego
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Lillie A Ham

R E Flavan
SUPERINTENDENT

4482411

CALIFORNIA DRIVER LICENSE
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EXPIRES ON BIRTHDAY IN

Z140440
Lillie Alore Ham
1285 E. Washington Sp 27
El Cajon, CA 92020

SEX	HAIR	EYES	HEIGHT	WEIGHT	PRE LIC EXP
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SEE OVER FOR ANY OTHER CONDITIONS

MUST WEAR CORRECTIVE LENSES ☒

x Lillie Alore Ham

6-15-76 LMS yc

DO NOT LAMINATE

THE AMERICAN NATIONAL ASSOCIATION
OF SENIOR CITIZENS

Name Lillie Ham
Address 670 S. Anza St.
City El Cajon State CA 92020
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Member's Signature.

Carlie Wilde

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David D. MacFarlane
President

Lillie A Ham
Signature of Member

H R Ham
Signature of Spouse

SAN DIEG
CALIF.

UNITED STATES POSTAGE
MARTHA WASHINGTON
1½ CENTS 1½

Jean Pool
1005 E washingto
Elcajon
Calif.

The Hen's are at it again
So lock up the Rooster
And come on up for a
Pot Luck Supper
7:00 p.m. — May 31, 1947
At the Ham's
Rest-full Home
4104 Broadway

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

Willie

I found this stationary of mothers
I thought I would share half of it with you.
If you don't want it, send it back

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

LILLIE HAM
1285 E. Washington, Sp. 27
El Cajon, Calif. 92020

Mar. 18, 1993
858 So. Spur
Mesa, Arizona

picture painted by
Lillie Ham
about early 1950's

Kodak

Mar. 18, 1993
858 S. Spur
Mesa, Arizona

Picture painted by
Lillie Ham
about early 1950's

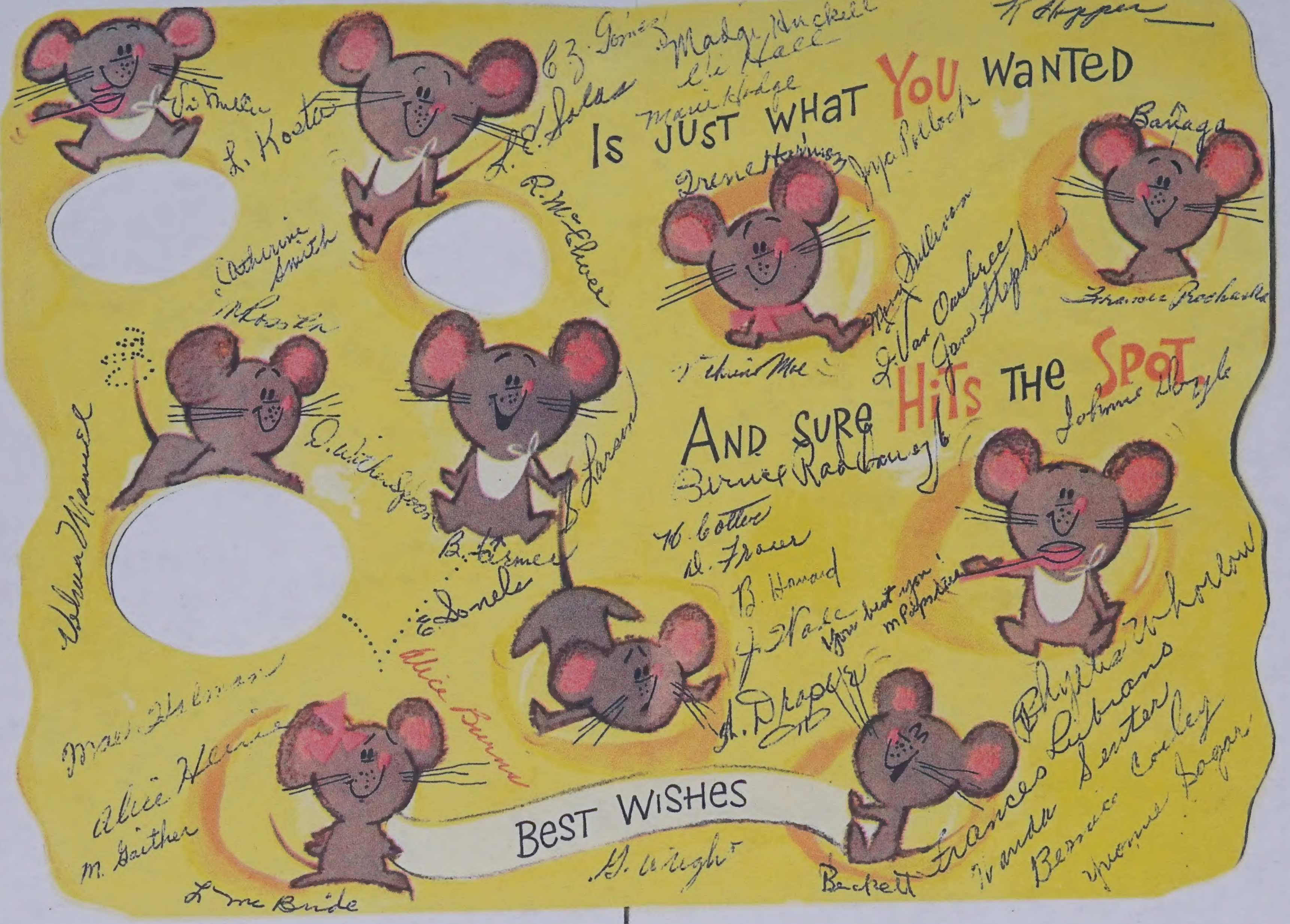
Mar. 18, 1993
858 So. Azur
Mesa, Arizona

Picture painted by
Lillie Ham
abt. early 1950's

28A

- 18 March 1993 -
858 South Spur
Mesa, Arizona

picture painted by
Lillie Ham
about early 1950's

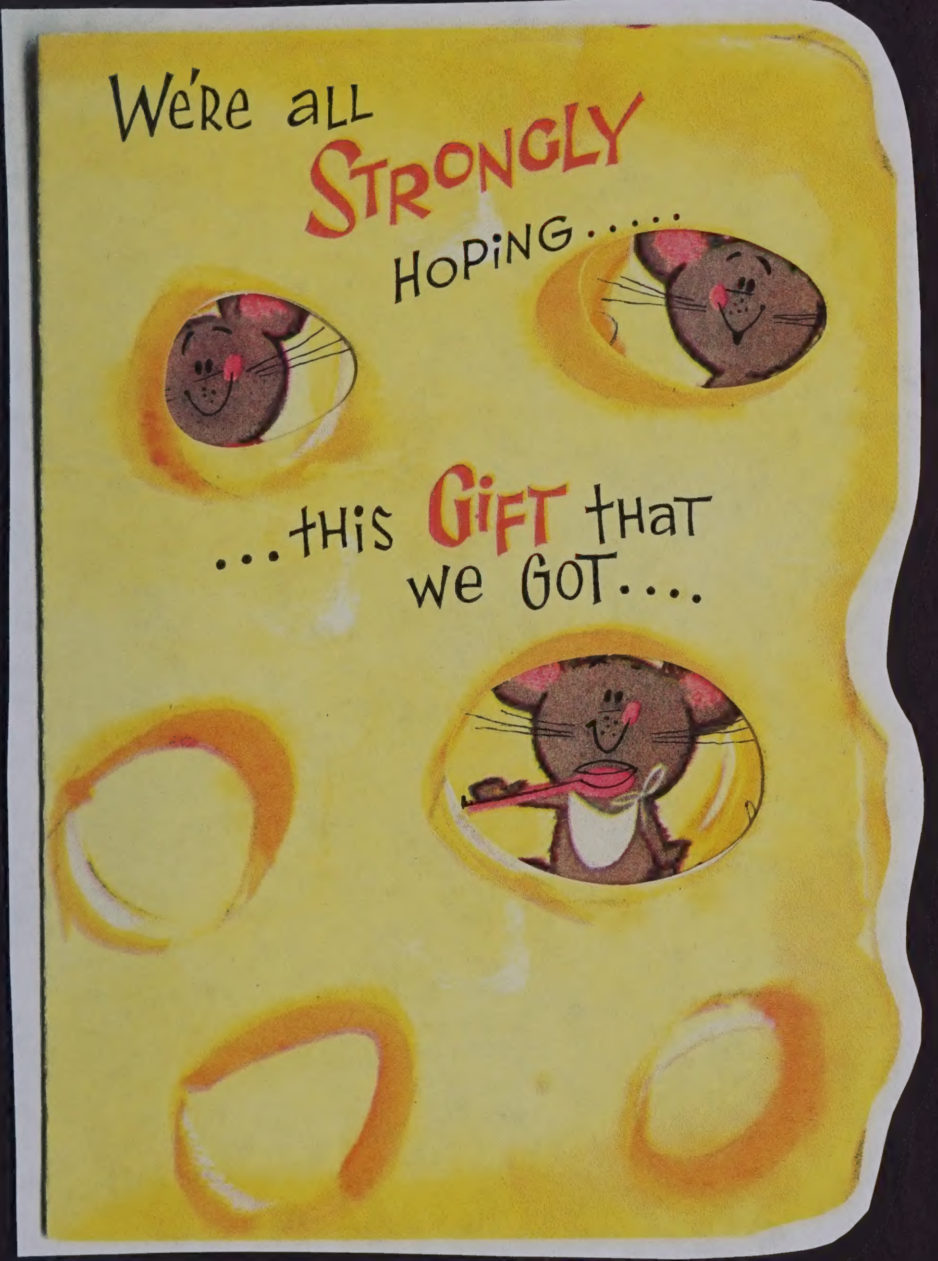


IS JUST WHAT YOU WANTED

AND SURE HITS THE SPOT

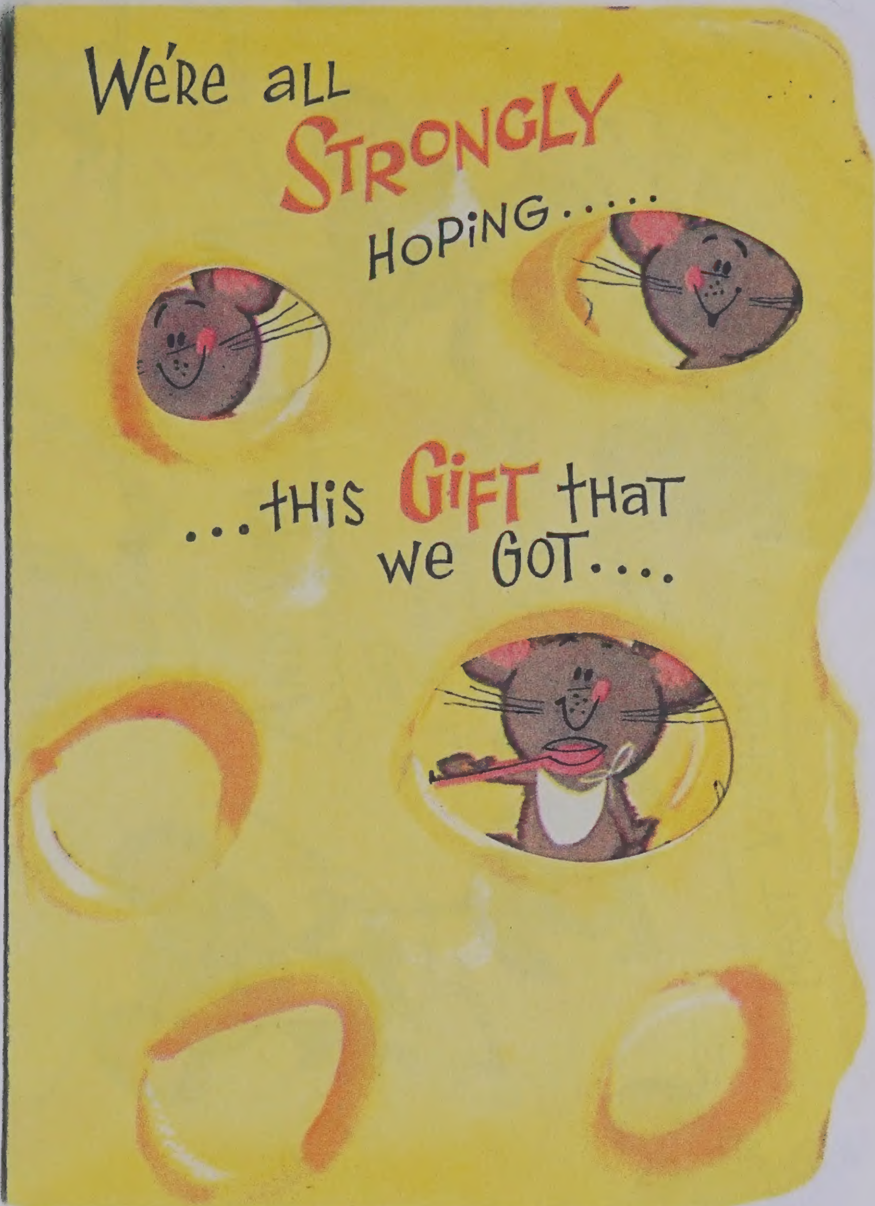
BEST WISHES

V. Miller
L. Koster
L. d. Solas
C. Z. Gomez
Madge Huckell
Lli Hall
Marie Hodge
Irene Harmisz
Joyce Pollock
K. Hopper
Bañaga
Catherine Smith
R. McElwee
M. Kosstin
Mary Sullivan
L. Van Osebree
Jane Stephens
Frances Rochaska
Velma Moe
D. Witherspoon
B. Larsen
Johnnie Doyle
Bernice Radbourgh
W. Cotter
D. Fraser
B. Howard
J. Nace
You bet you!
A. Draper
Phyllis Whorlow
Frances Librans
Wanda Senter
Bernice Cooley
Yvonne Dagar
Beckett
G. Wright
B. Armes
E. Donels
Alice Burns
Velma Wamsel
Mae Holman
Alice Harris
M. Gaither
L. McBride



We're all STRONGLY HOPING.....

...this GIFT that we GOT....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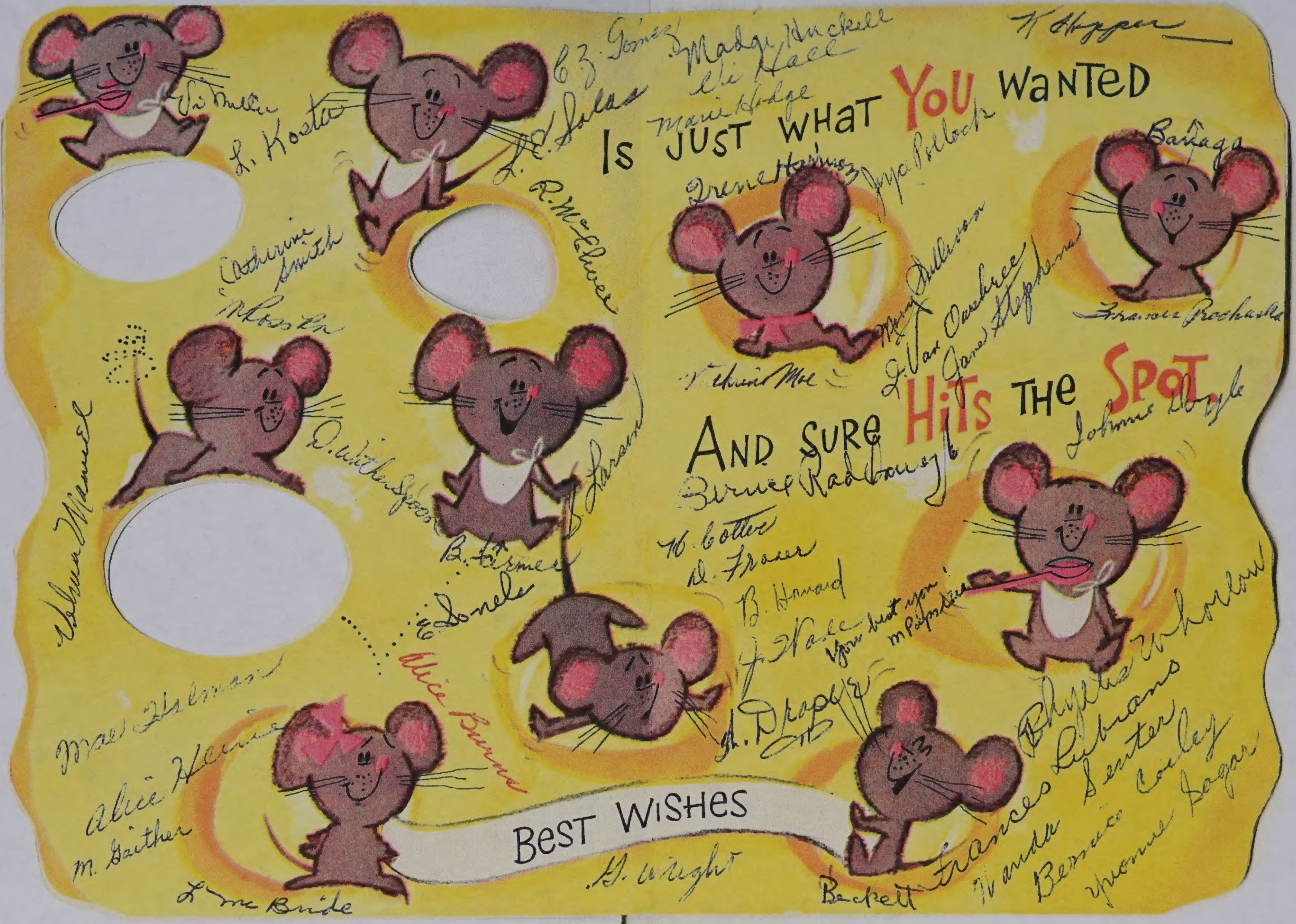
STRONGLY
HOPING.....
...this GIFT that
we GOT....


IS JUST WHAT YOU WANTED
AND SURE HITS THE SPOT.
BEST WISHES

K Hopper

C. Z. Gomez

Madge Huckell

Eli Hall

Marie Hodge

L. E. Salas

Irene Harris

Joya Pollock

Bañaga

Mary Sullivan

L. Van Overbree

Jane Stephens

Francis Rochalle

Johnnie Doyle

Bernice Radbaugh

W. Cotter

D. Fraser

B. Howard

J. Nole

You beat your competition

A. Draper

Phyllis Whorlow

Frances Lubrano

Wanda Senter

Bernice Cooley

Yvonne Sagar

Beckett

G. Wright

L. Si Miller

L. Koster

R. McElwee

Catherine Smith

M. Rossler

D. Witherspoon

B. Larsen

B. Larmee

E. Donelo

Alice Burns

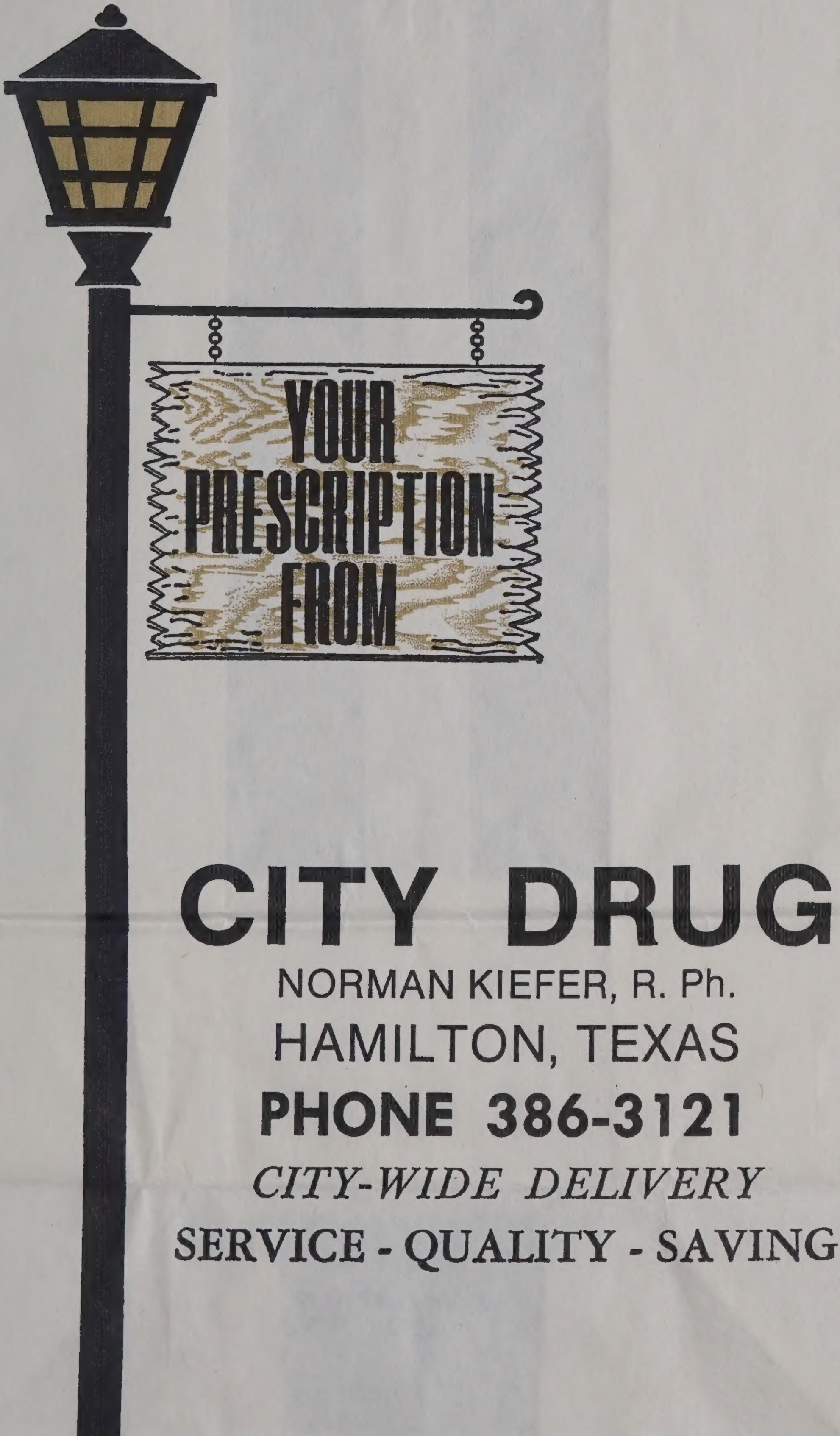
Mae Helman

Alice Hennig

M. Gaither

L. McBride

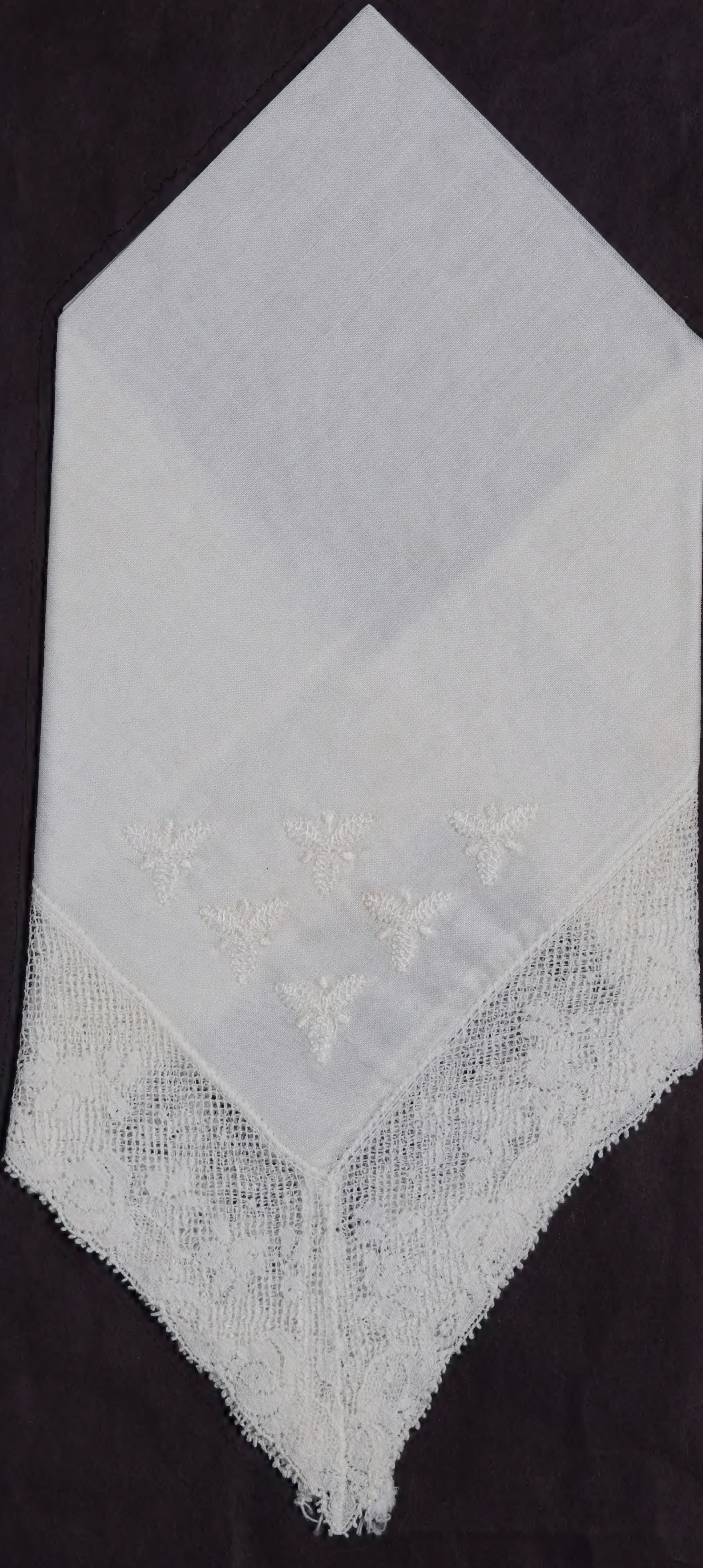
Velma Manuel

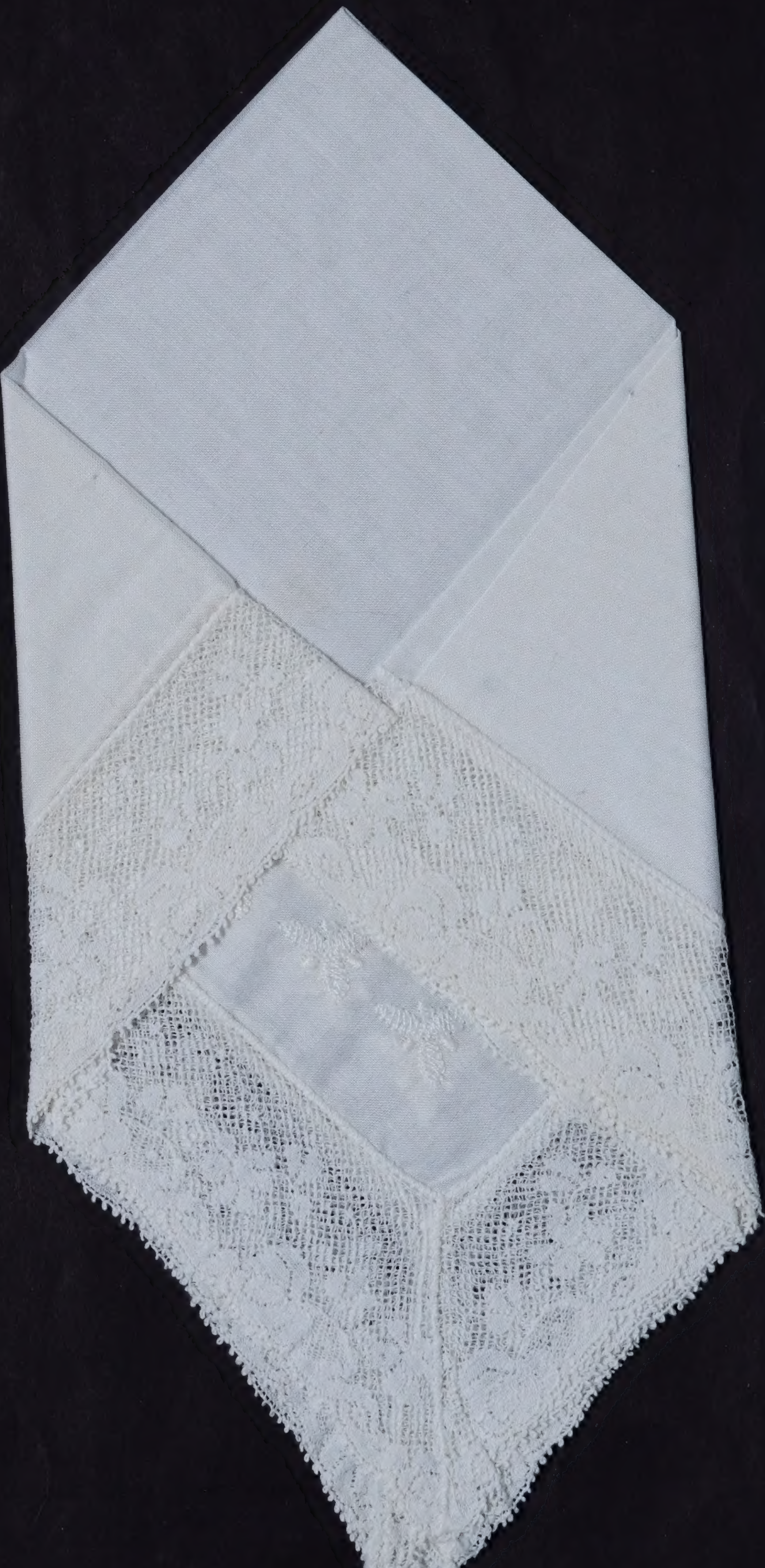

YOUR
PRESCRIPTION
FROM

CITY DRUG

NORMAN KIEFER, R. Ph.
HAMILTON, TEXAS
PHONE 386-3121
CITY-WIDE DELIVERY
SERVICE - QUALITY - SAVING

BEIER
DIXON 61021

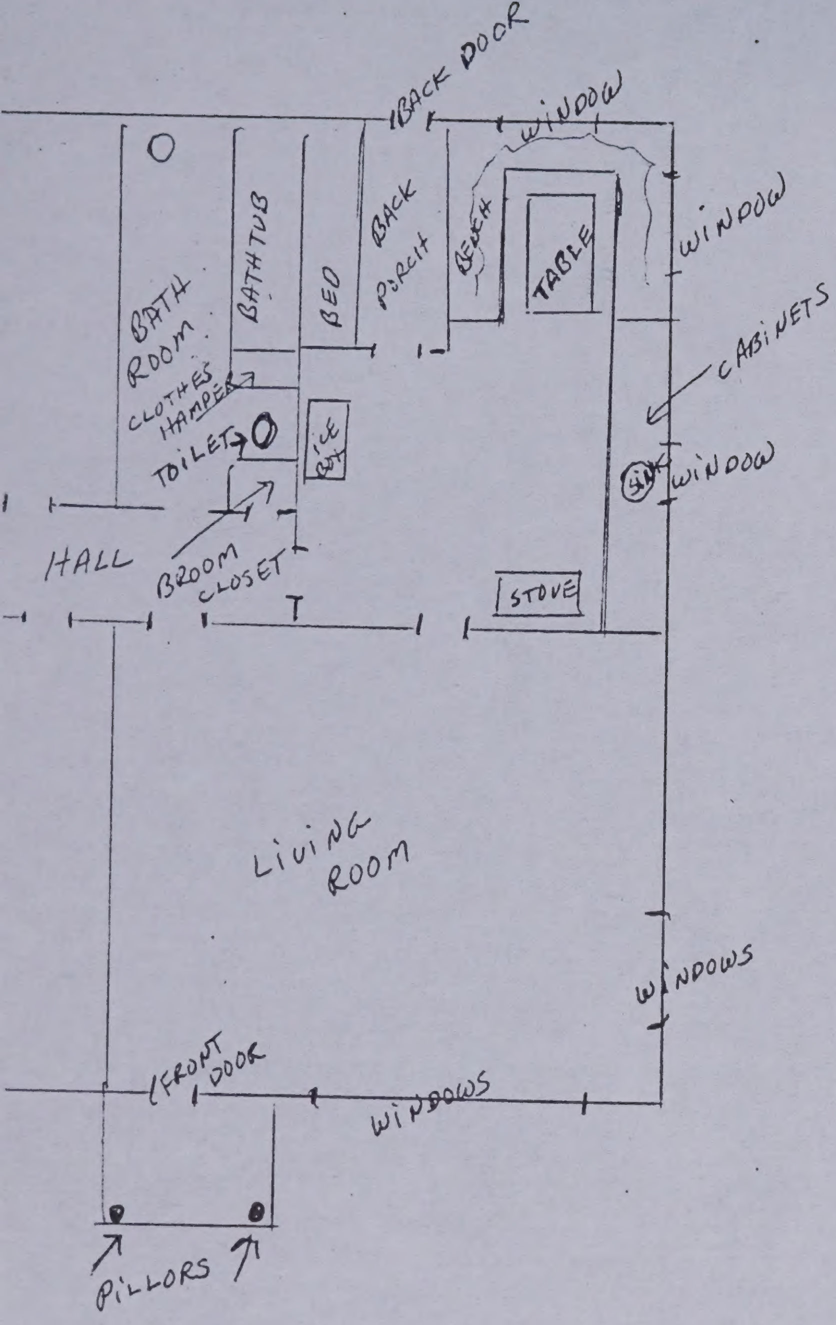




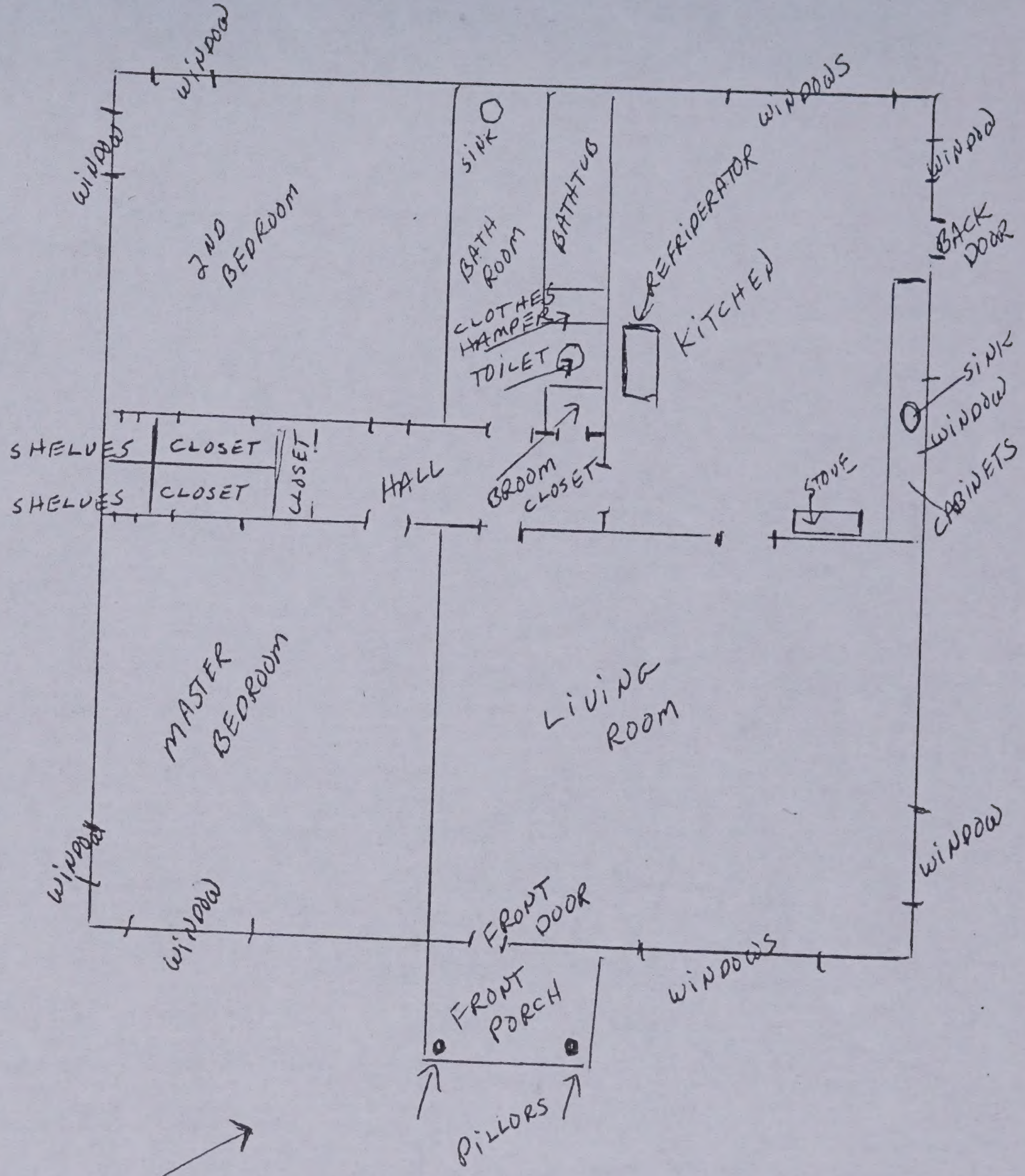
Willie

Just wanted you to
have something of
mother. She wishes
you a happy
birthday too.

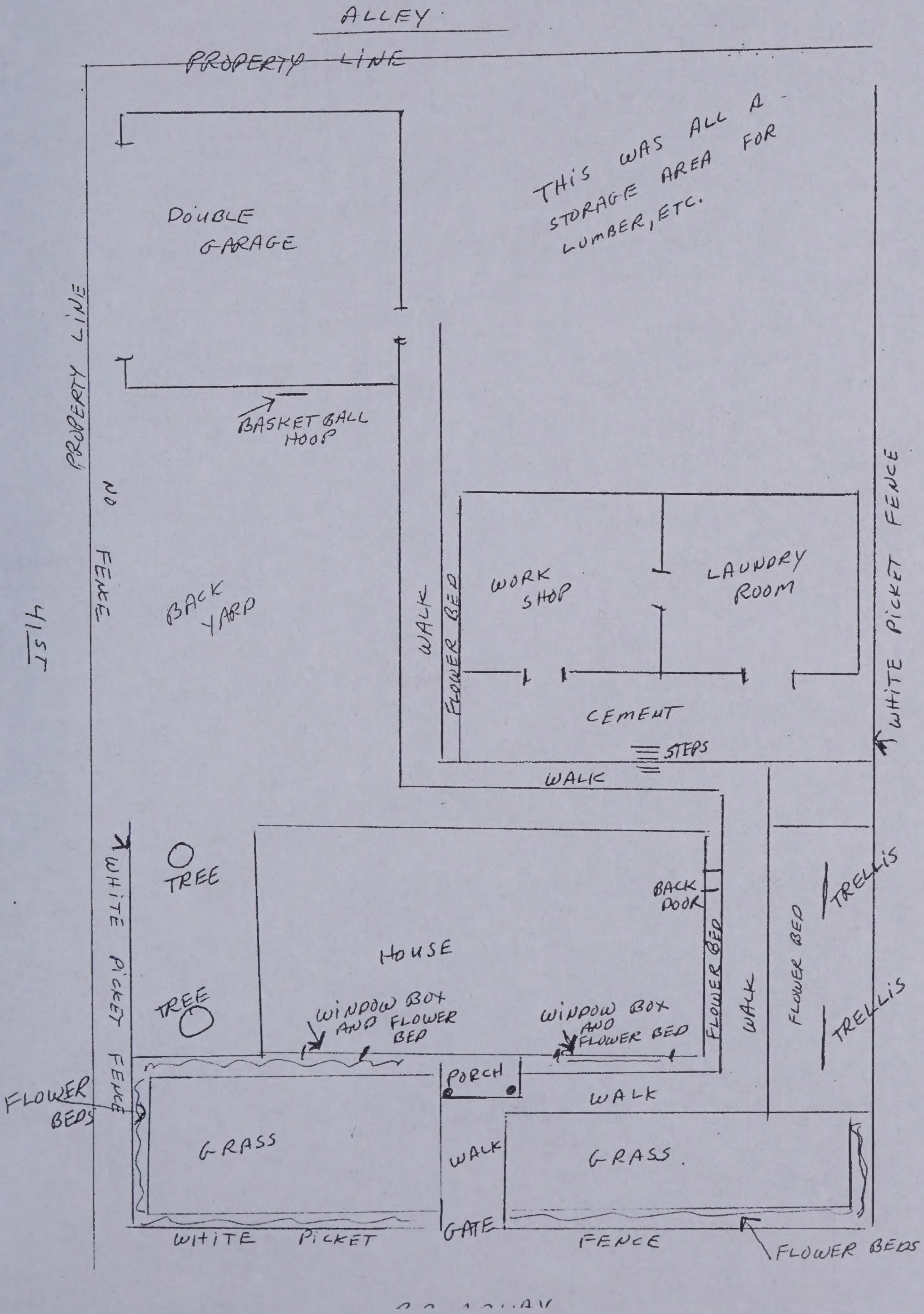
From Maryalice
Pittman.

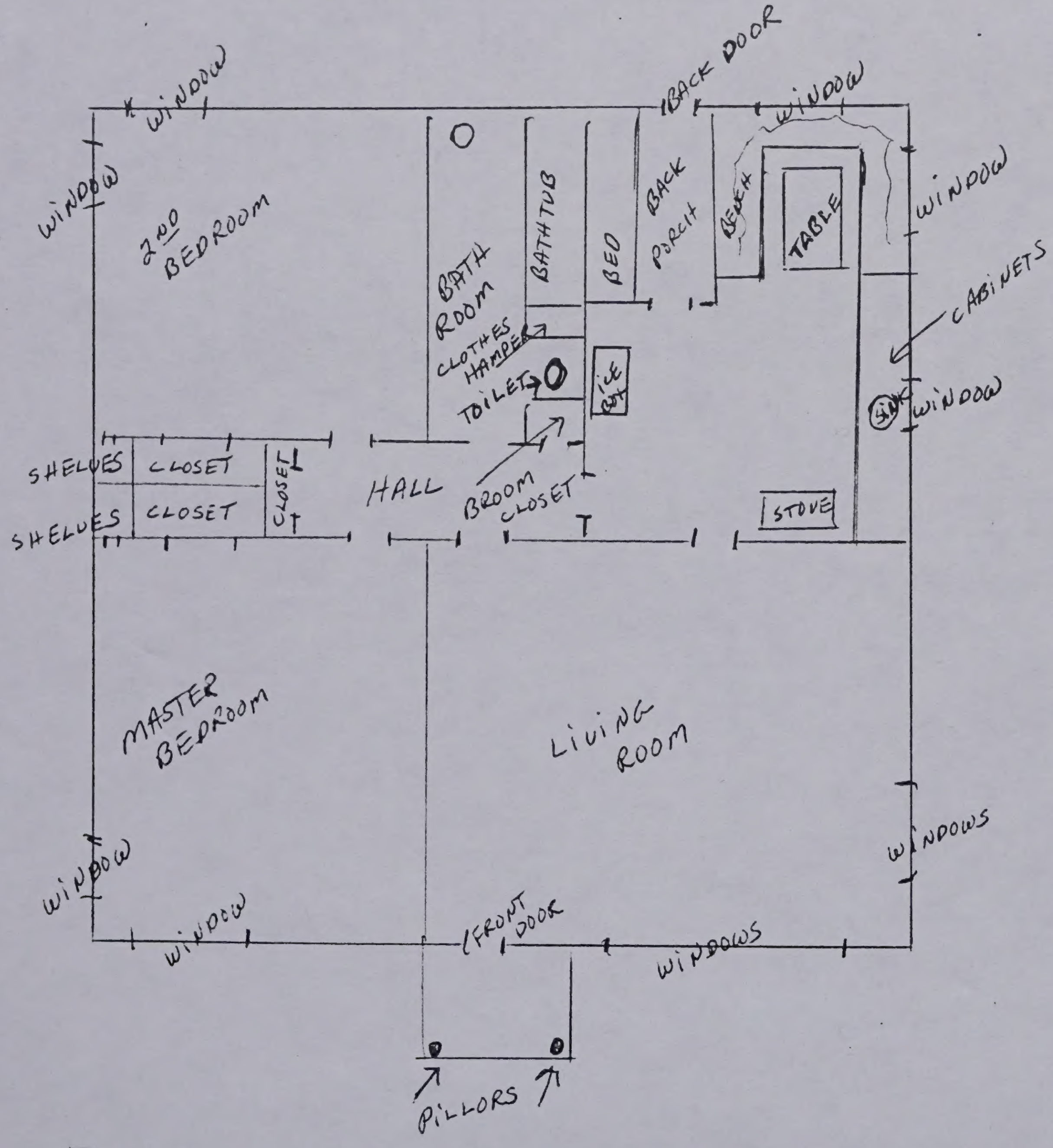

BACK DOOR
WINDOW
WINDOW
CABINETS
SINK
WINDOW
BATH ROOM
BATHTUB
BED
BACK PORCH
BENCH
TABLE
CLOTHES HAMPER
TOILET
ICE BOX
HALL
BROOM CLOSET
STOVE
LIVING ROOM
WINDOWS
FRONT DOOR
WINDOWS
PILLORS

ORPLAN


WINDOW
WINDOW
WINDOWS
WINDOW
BACK DOOR
2ND BEDROOM
SINK
BATH ROOM
BATHTUB
REFRIDERATOR
KITCHEN
CLOTHES HAMPER
TOILET
SINK
WINDOW
CABINETS
STOVE
SHELVES
CLOSET
SHELVES
CLOSET
CLOSET!
HALL
BROOM CLOSET
MASTER BEDROOM
LIVING ROOM
WINDOW
WINDOW
WINDOW
FRONT DOOR
FRONT PORCH
WINDOWS
PILLORS

FLOORPLAN AFTER KITCHEN WAS REMODELED


ALLEY
PROPERTY LINE
THIS WAS ALL A STORAGE AREA FOR LUMBER, ETC.
DOUBLE GARAGE
PROPERTY LINE
BASKET BALL HOOP
NO FENCE
41ST
BACK YARD
WALK
FLOWER BED
WORK SHOP
LAUNDRY ROOM
WHITE PICKET FENCE
CEMENT
STEPS
WALK
TREE
HOUSE
BACK DOOR
TRELLIS
FLOWER BED
WALK
FLOWER BED
TRELLIS
TREE
WHITE PICKET FENCE
WINDOW BOX AND FLOWER BED
WINDOW BOX AND FLOWER BED
PORCH
WALK
FLOWER BEDS
GRASS
WALK
GRASS
WHITE PICKET
GATE
FENCE
FLOWER BEDS


WINDOW
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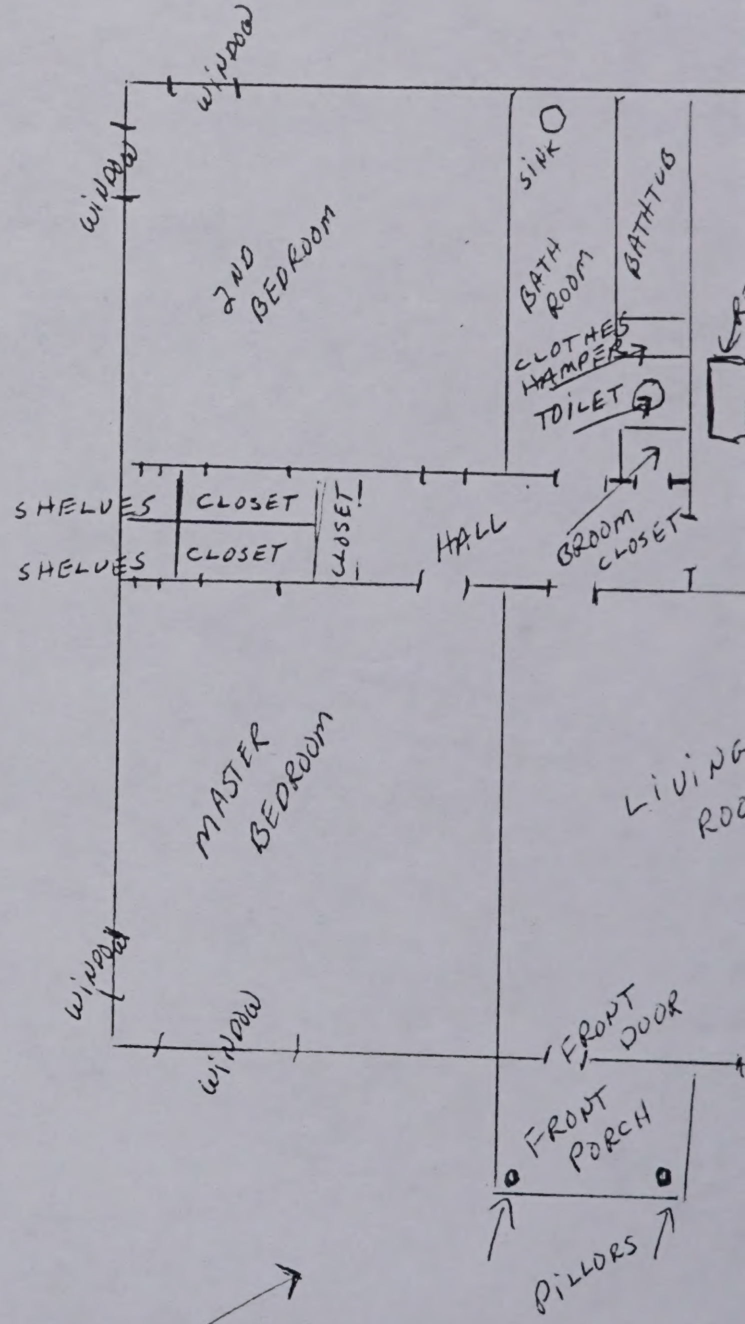
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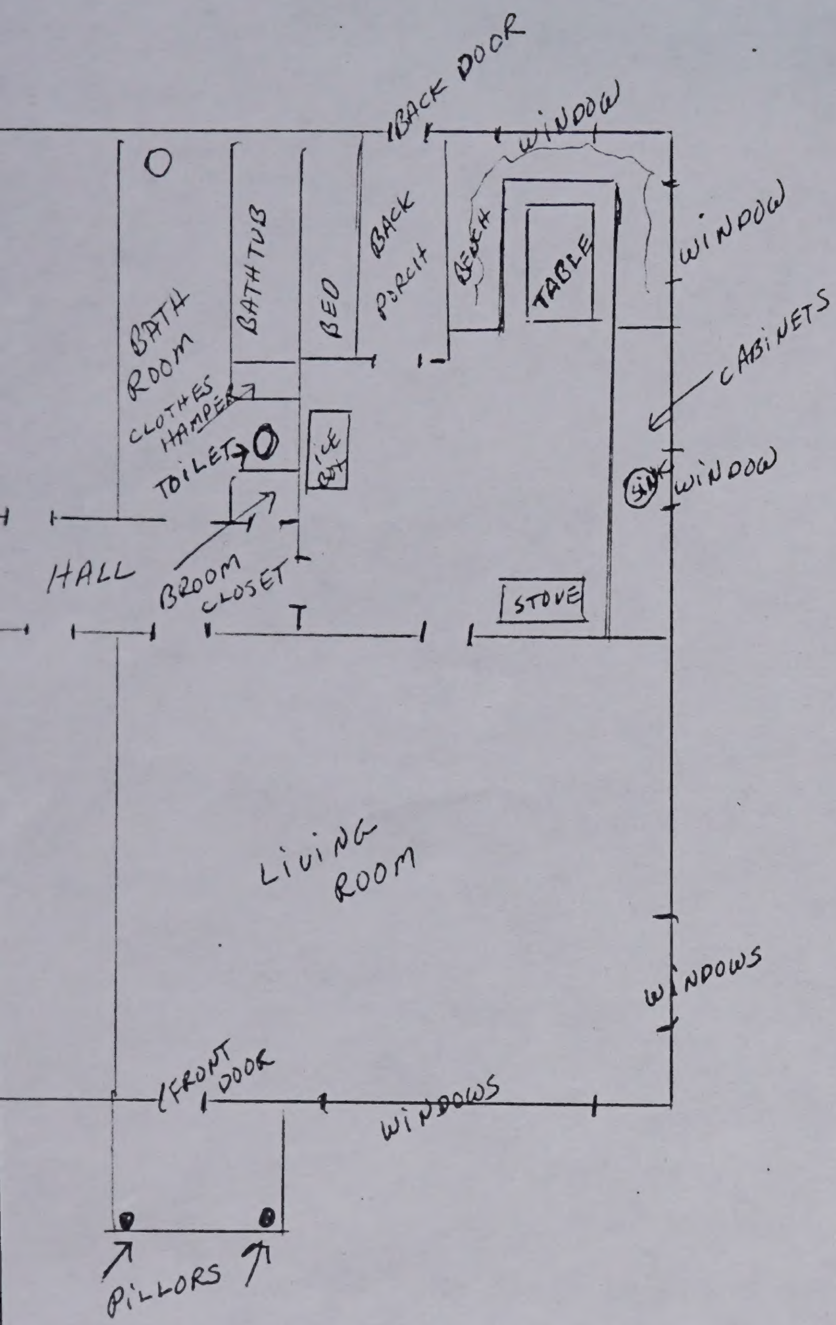
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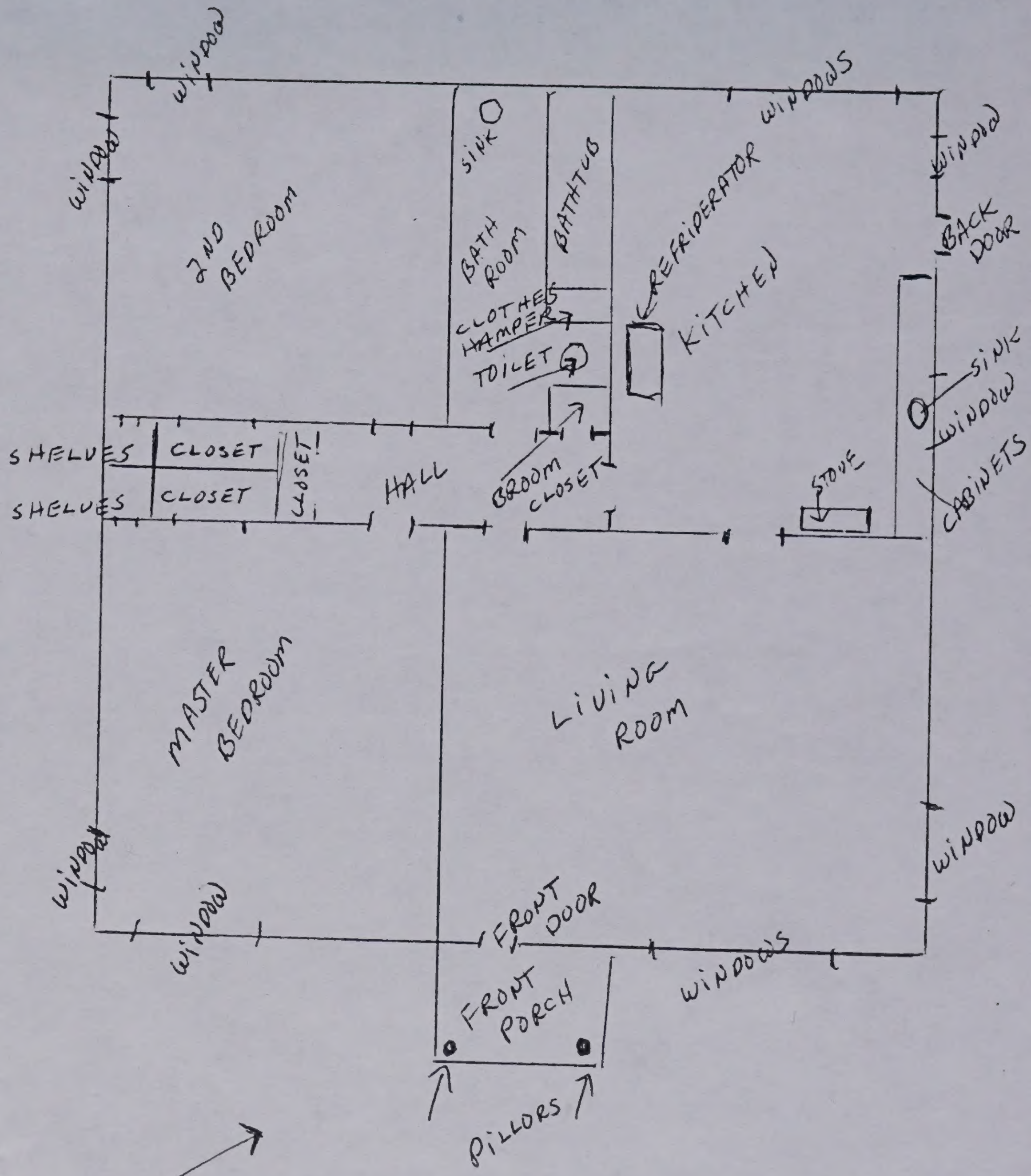
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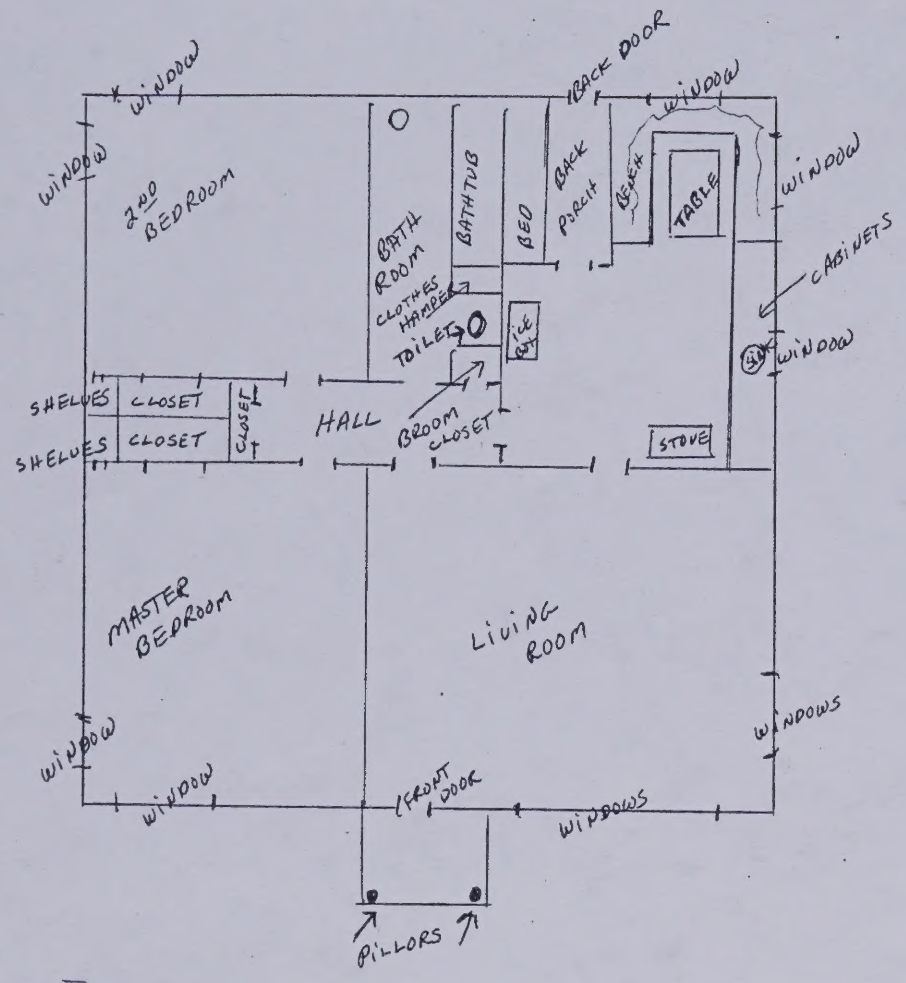
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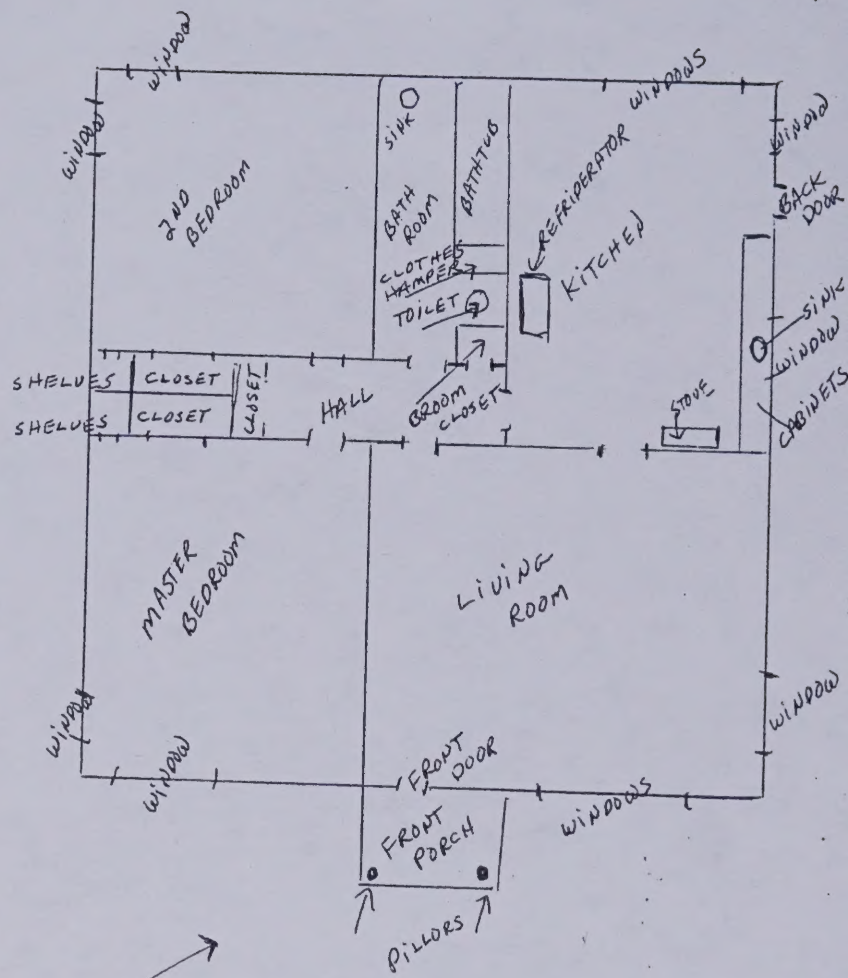
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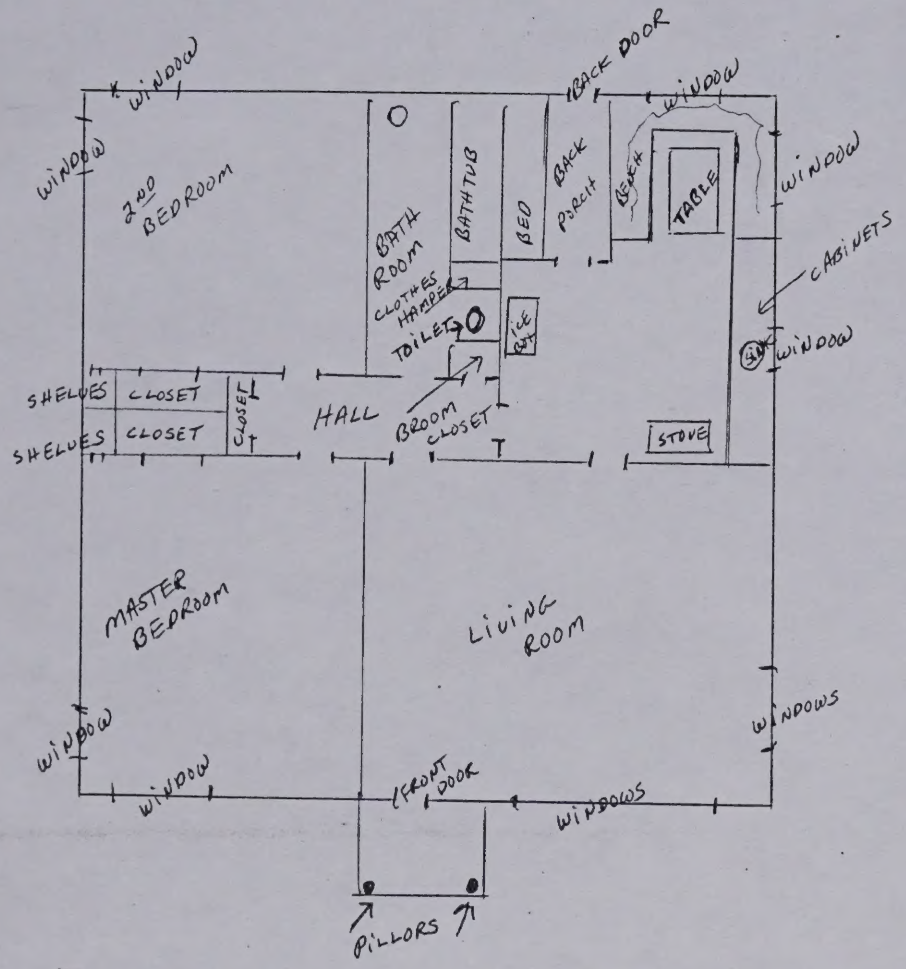
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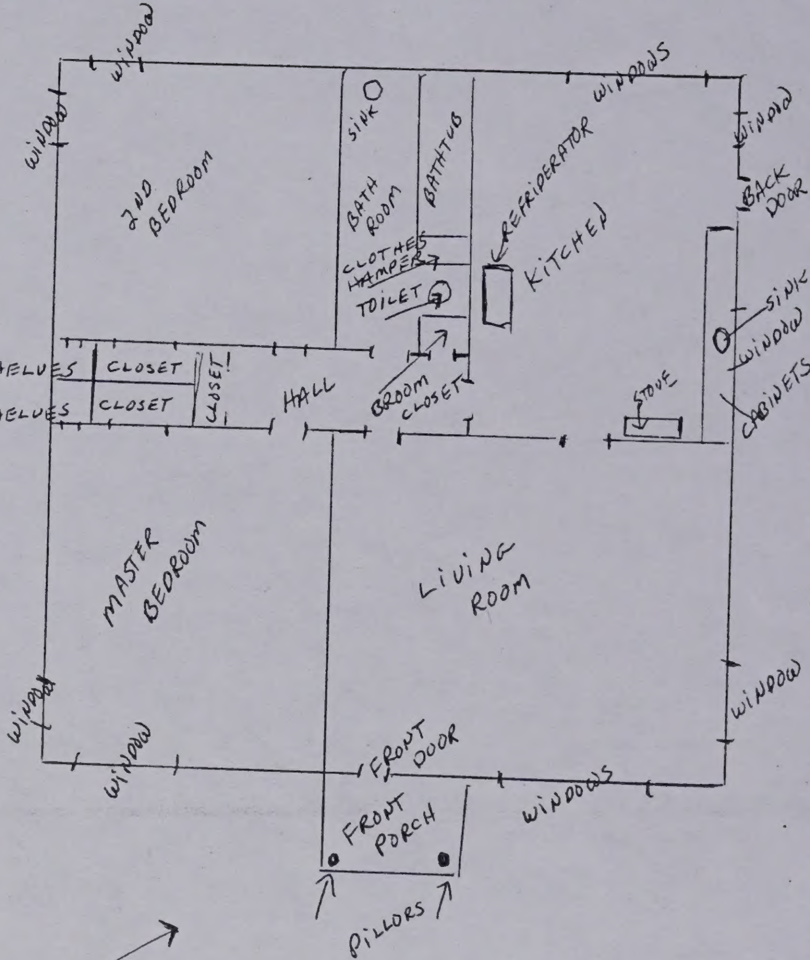
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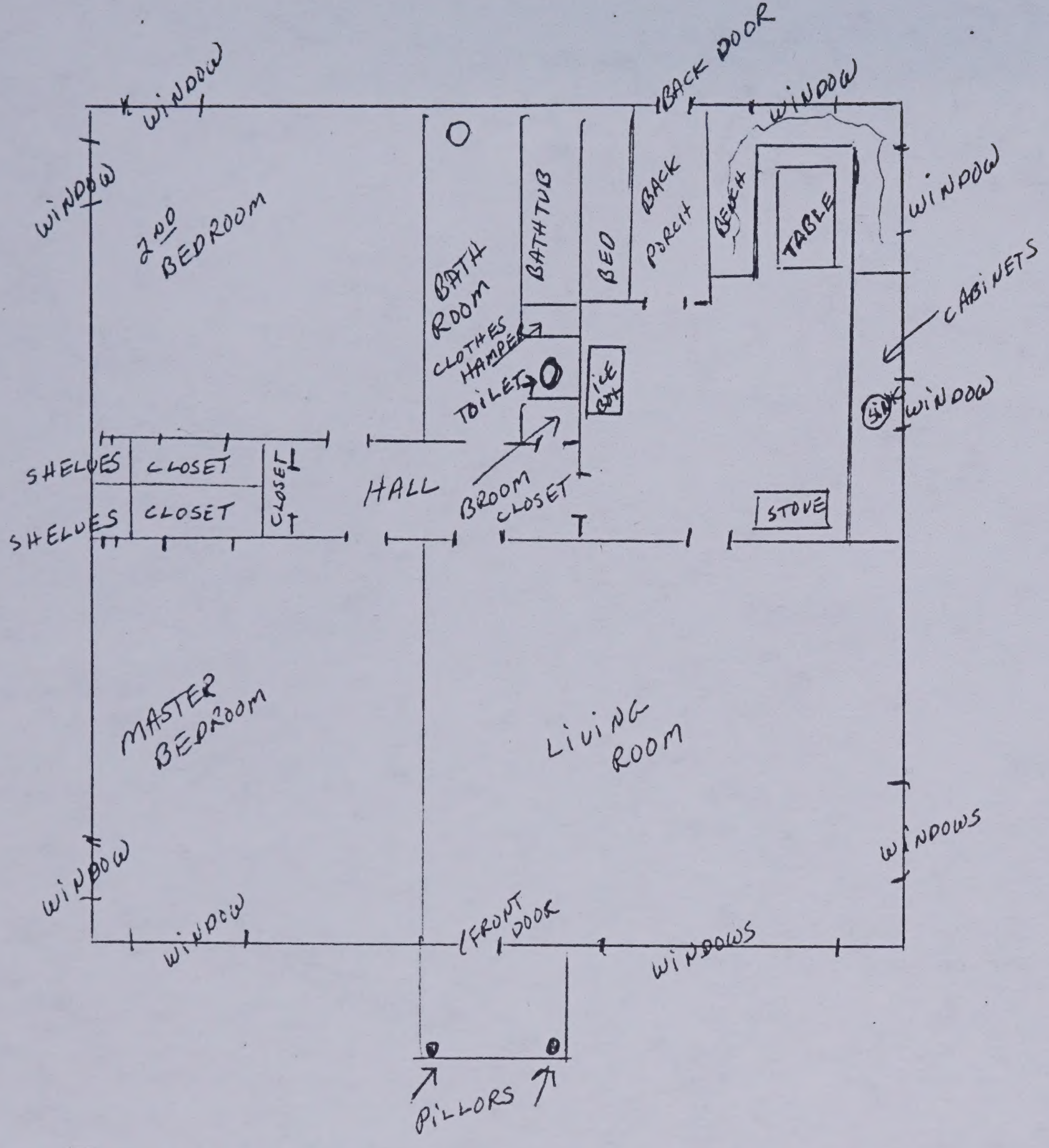

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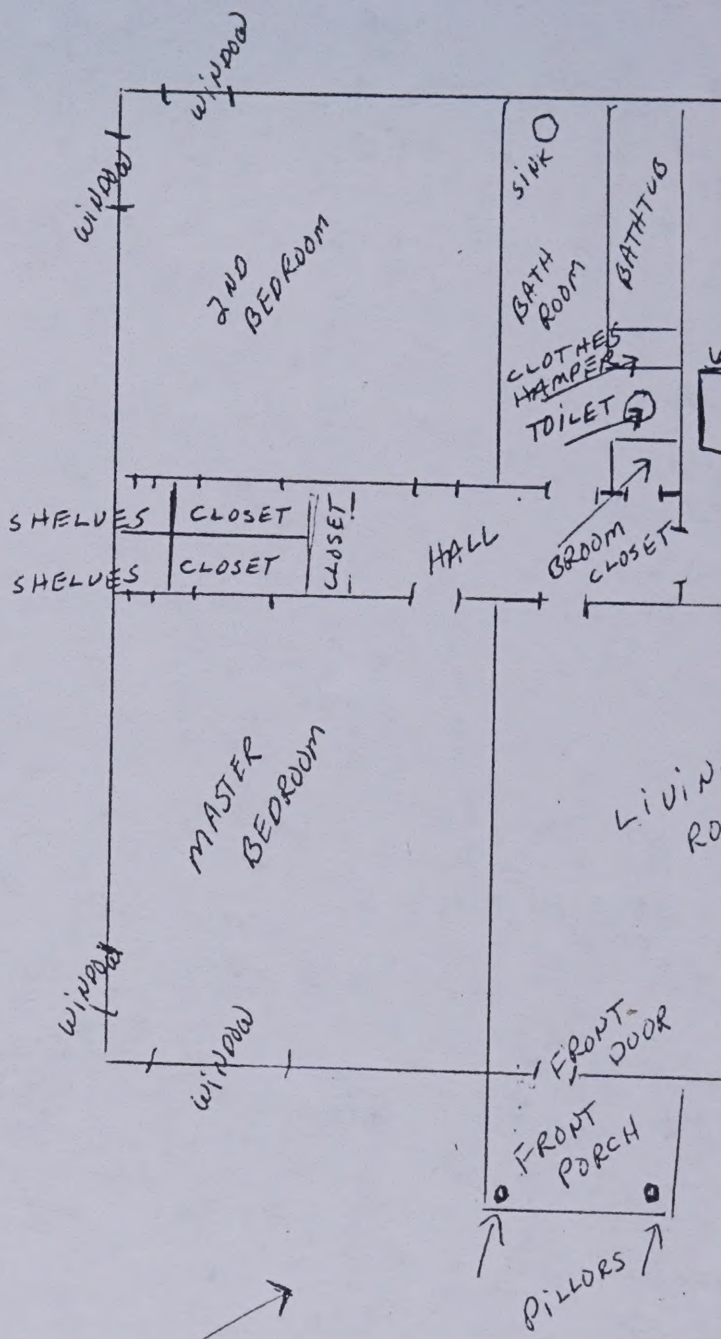

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"Chile"

Pot of beans - 1 lb. - salted & cooked with salt pork.

1 lb. hamburger fried with 1 large onion and 1 clove garlic. add to beans & 1/2 lb. of block chile. 3 tablsp. chile powder 1 tablsp. cumin seed. tabasco sauce dash or two.

"Chili"

Pot of beans - 1 lb. - salted & cooked with
salt pork.
1 lb. hamburger fried with 1 large onion
and 1 clove garlic. add to beans &
1/2 lb. of block chili. 3 tablsp. chile
powder 1 tablsp. cumin seed. tabasco
sauce dash or two.

PETERSON'S

Service Station
& Sporting Goods
Mesa, Arizona

STATE OF ARIZONA GAME AND FISH COMMISSION ORIGINAL

No refunds. Not transferable. Seasons and bag limits subject to change. Keep Informed.

NONRESIDENT

This certifies that Lillie Ham

Street Address 670 S Anza

City El Cajon State Calif Zip Code

Sex F

Weight 154

Height 5 Ft. ½ In.

Has Been Issued This Class License Letter A Amt. Paid $ 9.00

NO license valid if punched more than once, and the punching must agree with amount paid.

Color Hair Brn

Dealer Peterson at Mesa

Color Eyes Green

Date 4-27 1969 By BP

Age 58

I hereby certify that the above answers as to residence are true. My privilege to purchase this license has not been revoked by the Commission.

X Lillie Ham
Signature of licensee at time of purchase

Only the DEALER who sold the ORIGINAL license or DEPARTMENT may issue a DUPLICATE. $1 fee for DUPLICATE of ORIGINAL license. Enter below the number of the ORIGINAL license.

#

Punch Only Here For Duplicate

Class A Non-Res. Gen Fish 02 $9.00	Class G Non-Res. Gen. Hunt 04 $20.00	Class F Non-Res. Hunt & Fish 06 $25.00	Class E N-Res. Colo. R. Only 10 $10.00	Class H Non-Res. Sp. Predator 12 $5.00

MINIMUM FINE FOR OBTAINING LICENSE BY FRAUD OR MISREPRESENTATION $50.00

561702

1969
VALID 1-1 TO 12-31-69

Deer Tag No.

Turkey Tag No.

Javelina Tag No.

Bear Tag No.

Archery Deer Tag No.

Archery Javelina Tag No.

Non-Res. 08
5 Day General Fish
B $3.00
Valid Only From
Thru
(Dates Must Be Shown)

1969
VALID 1-1 to 12-31-69

SHIPPING PERMIT

(ONLY FOR COMMON CARRIER)
Within or out of State
NOT VALID FOR BIG GAME

LICENSE 561702

Not To Exceed One Day's Bag Limit

Species

Number

Weight

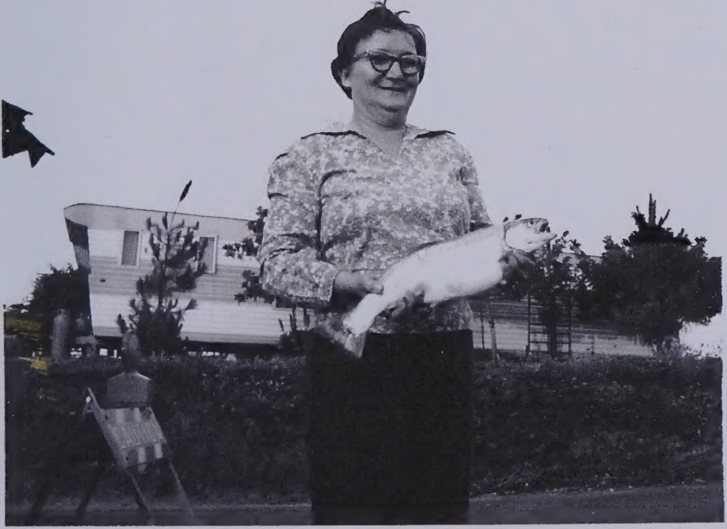
Date

Class of License

Signature of License Holder

Shipping permit must be attached to shipment

ARIZONA GAME & FISH COMMISSION



May 4, 1966

Lillie Ham of El Cajon bagged a 3½-pound trout, but the big surprise was in the appearance of some fair size channel catfish and bass, which are beginning to stir in the reservoir, now in its second year. . . .

EVENING TRIBUNE SAN DIEGO, CALIFORNIA Fri., May 6, 1966 ③

PETERSON'S

Service Station
& Sporting Goods
Mesa, Arizona

STATE OF ARIZONA GAME AND FISH COMMISSION ORIGINAL

No refunds. Not transferable. Seasons and bag limits subject to change. Keep informed.

NONRESIDENT

This certifies that Lillie Ham — Sex F
Street Address 670 S Anza — Weight 154
City El Cajon State Calif Zip Code — Height 5 Ft. 4½ In.
Has Been Issued This Class License Letter A — Amt. Paid $ 9⁰⁰ — NO license valid if punched more than once, and the punching must agree with amount paid. — Color Hair Brn
Dealer Peterson of Mesa — Color Eyes Green
Date 2/-27/1969 By BP — Age 58

I hereby certify that the above answers as to residence are true. My privilege to purchase this license has not been revoked by the Commission.

X Lillie Ham
Signature of licensee at time of purchase

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Class Non-Res. Gen Fish 02 $9.00	Class G Non-Res. Gen. Hunt 04 $20.00	Class F Non-Res. Hunt & Fish 06 $25.00	Class E N-Res. Colo. R. Only 10 $10.00	Class H Non-Res. Sp. Predator 12 $5.00

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Archery Javelina Tag No.

Non-Res. 08
5 Day General Fish
B $3.00
Valid Only From
____ Thru ____
(Dates Must Be Shown)

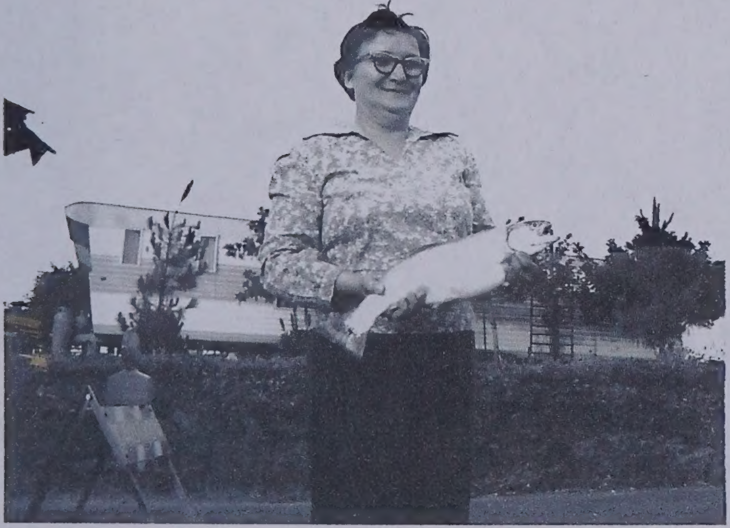
1969
VALID 1-1 to 12-31-69
SHIPPING PERMIT
(ONLY FOR COMMON CARRIER)
Within or out of State
NOT VALID FOR BIG GAME
LICENSE 561702
Not To Exceed One Day's Bag Limit

Species____
Number____
Weight____
Date____
Class of License ____

Signature of License Holder

Shipping permit must be attached to shipment ⓟ

ARIZONA GAME & FISH COMMISSION



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EVENING TRIBUNE SAN DIEGO, CALIFORNIA Fri., May 6, 1966 ③

THIS SIDE OF CARD IS FOR ADDRESS

H. R. HAM,
4104 BROADWAY
SAN DIEGO 2, CALIF.

Date 11-8-48

Dear Madam:

Your complaint in regard to Lo-Heet Stainless Steel utensils has been received.

United Parcel Service will pick them up for inspection on or about 11-10-48. Please have the items wrapped and ready for pickup.

LO-HEET STAINLESS STEEL CO.
Main Offices
110 W. 11th St., Los Angeles 15, Calif.

BILLS ARE DUE AND PAYABLE UPON PRESENTATION

San Diego, Calif. Jan 1961
Received of Hamm
Address 670 Cuya Ct 4
For Delivery of **The San Diego Union**
From Dec. 1, 1960, to Jan. 1, 1961 **$2.40**
Newspaperboy's Signature RONALD CHILCOAT HI 4-1314
SHOULD YOU MISS PAPER, CALL BE-4-7111 BEFORE 10 A.M.

FOR YOUR CONVENIENCE

EAST COUNTY OFFICE

Phone
HI-2-3381

ADVERTISING
CIRCULATION
NEWS

MDCCCLI

County of San Diego

CIVIC CENTER BUILDING

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

ROBERT P. LOGAN
RETIREMENT OFFICER

RETIREMENT BOARD
NEIL NETTLESHIP, CHAIRMAN
ELMER P. LEFFERT, SECRETARY
DELAVAN J. DICKSON
FRANK A. GIBSON
OSCAR B. PEAVEY
CHARLES V. FRY
ED T. RUSH

OFFICE OF THE COUNTY TREASURER

EMPLOYEES RETIREMENT DIVISION
102 CIVIC CENTER
SAN DIEGO 1, CALIFORNIA

April 28, 1964

Mrs. Lillie A. Ham
670 South Anza
El Cajon, California

Dear Mrs. Ham:

Thank you for your letter of April 26.

Your current beneficiary is: "Herbert R. Ham, husband, if living, otherwise to Maryalice Ham, daughter."

We have enclosed a Request for Change of Beneficiary form for you to complete and sign in duplicate. Please return the original to this office. The copy is for your records.

Very truly yours,

DELAVAN J. DICKSON
COUNTY TREASURER

By Robert P. Logan
Robert P. Logan
County Retirement Officer

DJD:RPL:cm

REQUEST FOR CHANGE OF BENEFICIARY

April 30, 1964

San Diego County Employees' Retirement Association
San Diego, California

I hereby request that my beneficiary for benefits under my Retirement Association Membership be changed, in accordance with the provisions relating to change of beneficiary set forth in the Retirement Act, as follows:

Name of Beneficiary (Please Print) Ham (Last Name) Herbert (First) R (Middle)

Relationship Husband, if living,

otherwise to Bennie Lee Horton, Willie Lee Salisbury
Donald Lou Ham & Maryalice Pittman

Relationship Son + Daughters.

All prior designations of beneficiaries and/or contingent beneficiaries are hereby revoked.

Alma Bowling
Witness to Signature

Lillie a Ham
Member's Signature

MDCCCLI

County of San Diego

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

RICHARD H. JARVIS
RETIREMENT OFFICER

RETIREMENT BOARD

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JOSEPH R. STABLES, SECRETARY
JOHN M. ASHTON
DANIEL W. FOX
FRANK A. GIBSON
WOODROW W. PERRY
DANIEL L. TURNER

OFFICE OF THE COUNTY TREASURER
EMPLOYEES RETIREMENT DIVISION
112 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
239-7711 X651

December 13, 1968

Mrs. Lillie A. Ham
670 South Anza
El Cajon, California 92020

Dear Mrs. Ham:

Please accept our congratulations on completing 13 years of loyal service to San Diego County, as the result of which you are eligible to receive a lifetime pension starting November 15, 1968.

The amount of your monthly pension from the County to age 62 will be $136.19, and $41.31 thereafter. Since your contributions were $3,339.61 and interest of $659.41 was credited for a combined total of $3,999.02, your investment will yield a far greater return than you could reasonably expect from any other source as safe and secure as this one.

May we again offer our congratulations and our hope that your retirement will be a source of great happiness.

BOARD OF DIRECTORS
EMPLOYEES RETIREMENT ASSOCIATION

Delavan J. Dickson
Chairman

Joseph R. Stables
Secretary

Frank A. Gibson
Member

Woodrow W. Perry
Member

Daniel L. Turner
Member

Daniel W. Fox
Member

John M. Ashton
Member

County of San Diego

ADMINISTRATION CENTER

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

RICHARD H. JARVIS
RETIREMENT OFFICER

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EMPLOYEES RETIREMENT DIVISION
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Member

County of San Diego

COMMISSIONERS
MIRIAM J. SMITHERS, PRESIDENT
PAUL W. BROWN
JOHN W. QUIMBY

DIRECTOR OF PERSONNEL
CLAYTON G. SWANSON

MEMBER CIVIL SERVICE ASSEMBLY
OF THE UNITED STATES AND CANADA

CIVIC CENTER BUILDING

DEPARTMENT OF
CIVIL SERVICE AND PERSONNEL
402 CIVIC CENTER
SAN DIEGO 1, CALIFORNIA

July 24, 1956

Mrs. Lillie A. Ham
Edgemoor Farm

Dear Mrs. Ham:

In behalf of the Civil Service Commission, I am happy to extend congratulations to you upon successful completion of your probationary period as Attendant.

We are earnestly seeking to ensure that county government will be staffed by personnel of high calibre, well suited to their work, and conscious of their responsibilities as public employees. In this regard, the probationary period is a vital part of the selection process. Your department has evaluated your service during the probationary period and officially endorsed it by granting you permanent status.

Permanent status brings with it certain advantages such as promotional, transfer and reemployment benefits and increased security. At the same time we are conscious of the challenge presented by your greater stake in county government, for you now have an even greater responsibility for the prestige of your department and the county service as a whole, not only in the eyes of your many coworkers, but also in the eyes of the public we serve.

We wholeheartedly wish you continued success in your work.

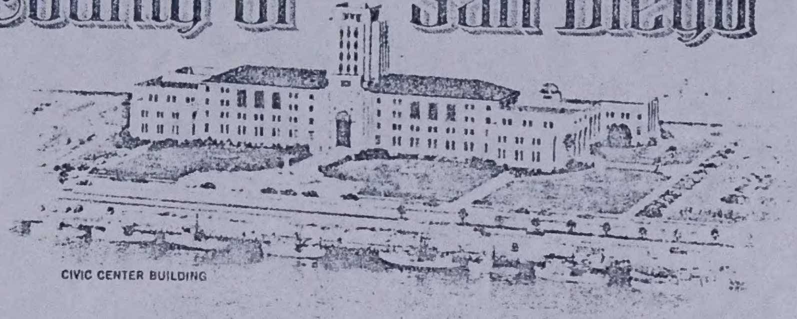
Sincerely yours,

M. J. Smithers

Miriam J. Smithers, President
San Diego County Civil Service Commission

MJS:cs

County of San Diego



CIVIC CENTER BUILDING

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

ROBERT P. LOGAN
RETIREMENT OFFICER

RETIREMENT BOARD

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JOHN M. ASHTON
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ED T. RUSH
JOSEPH R. STABLES
DANIEL L. TURNER

OFFICE OF THE COUNTY TREASURER
EMPLOYEES RETIREMENT DIVISION
102 CIVIC CENTER
SAN DIEGO, CALIFORNIA 92101

December 30, 1966

Mrs. Lillie A. Ham
670 So. Anza
El Cajon, California

Dear Mrs. Ham:

Although I believe we discussed the questions you had asked concerning retirement, I can't find any record of having sent you anything to refer to in writing.

As an estimate, if you should retire on November 9, 1967, you would receive approximately $50.86 per month. If you retire on November 9, 1968, it would be approximately $62.18 a month. There would also be an allowance from the County on your Social Security, if you chose to take it, until you become 62 years old.

If you should receive an increase in salary between now and the time you retire this would mean a slight increase in your pension. Also if you should lose any time it would set the November 9 date ahead.

I believe this answers all the questions you had asked in your letter. If you have any further questions please do not hesitate to call or write.

Very truly yours,

Elaine Varney
ELAINE VARNEY
Retirement Clerk

County of San Diego

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

ROBERT P. LOGAN
RETIREMENT OFFICER

CIVIC CENTER BUILDING

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JOSEPH R. STABLES
DANIEL L. TURNER

OFFICE OF THE COUNTY TREASURER
EMPLOYEES RETIREMENT DIVISION
102 CIVIC CENTER
SAN DIEGO, CALIFORNIA 92101

June 10, 1968

Mrs. Lillie Ham
670 So. Anza
El Cajon, California 92020

Dear Mrs. Ham:

In answer to your recent telephone call, we have made a rather rough estimate of the additional amount the county would allow you on the 31810 option.

This amounts to $71.28 a month added to the county pension of an estimated $64.91 until you reach age 62. At that time the total amount would be decreased to $41.31 a month. We have estimated that at that time Social Security would start paying you $94.88 a month. These figures are based on a retirement date of November 15, 1968.

64.91
71.28
136.19 to age 62
-94.88
41.31 after 62

Very truly yours,

DELAVAN J. DICKSON
County Treasurer

Richard H. Jarvis
By: RICHARD H. JARVIS
Retirement Officer

DHD:RHJ:ev

COUNTY OF SAN DIEGO

EDGEMOOR GERIATRIC HOSPITAL

North Edgemoor Drive
Santee, California

A DIVISION OF THE
DEPARTMENT OF
MEDICAL INSTITUTIONS

ALLAN E. FLAVEN
SUPERINTENDENT

December 5, 1968

Mrs. Lillie Ham
670 South Anza
El Cajon, California 92020

Dear Mrs. Ham:

I wish to express on behalf of Edgemoor patients and staff in all departments and my personal and sincere appreciation and gratitude to you for the many valued years of exceptionally good, loyal and dedicated service to the patients, to the County of San Diego, the Community and to Edgemoor Geriatric Hospital.

All of us at Edgemoor jointly wish you many cheerful and happy years of contented retirement.

Sincerely,

Matia

A. J. Matia
Associate Administrator

AJM:rt

COUNTY OF SAN DIEGO

EDGEMOOR GERIATRIC HOSPITAL

North Edgemoor Drive
Santee, California

A DIVISION OF THE
DEPARTMENT OF
MEDICAL INSTITUTIONS

ALLAN E. FLAVEN
SUPERINTENDENT

December 5, 1968

Mrs. Lillie Ham
670 South Anza
El Cajon, California 92020

Dear Mrs. Ham:

I wish to express on behalf of Edgemoor patients and staff in all departments and my personal and sincere appreciation and gratitude to you for the many valued years of exceptionally good, loyal and dedicated service to the patients, to the County of San Diego, the Community and to Edgemoor Geriatric Hospital.

All of us at Edgemoor jointly wish you many cheerful and happy years of contented retirement.

Sincerely,

A. J. Matia
Associate Administrator

AJM:rt

TREASURER-TAX COLLECTOR

ROOM 112 • COUNTY ADMINISTRATION CENTER
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 • (714) 236-2205

JAMES E. JONES
Treasurer-Tax Collector

JOHN D. MESSNER
Chairman,
Retirement Board

EUGENE YEE
Secretary,
Retirement Board

June 2, 1979

Dear Retired Member:

The San Diego County Board of Retirement has approved a renewal of the health care plans for 1979-1980 effective July 1, 1979. We wish to remind you that these plans are open to all members receiving an allowance and their dependents. The Board of Retirement will pay the premium for those members retired on disability or with 10 or more years of creditable service with San Diego County including eligible surviving spouses or those receiving the Optional Death Allowance. Members with less than 10 years of creditable service are eligible but must pay their own premium.

The coverage for Kaiser remains the same. Continental Assurance coverage has increased slightly. A new rate schedule for both plans is enclosed.

Those members wishing to make changes may do so at this time. This includes changing from one plan to the other, adding dependents, etc.

If you desire no change at this time DO NOTHING.

When making changes, fill out the enclosed enrollment form indicating the change and return it to us. If you are changing to Kaiser, fill out their enrollment card together with the enrollment form and return both to us.

This enrollment closes June 25, 1979. All changes must be received in this office no later than June 24th. If you desire any change in your health insurance do it now! The coverage will be effective July 1, 1979.

Very truly yours,

James E. Jones
JAMES E. JONES
TREASURER/TAX COLLECTOR

JEJ:WG:ael

COUNTY OF SAN DIEGO

MDCCCLI

TREASURER-TAX COLLECTOR

ROOM 112 • COUNTY ADMINISTRATION CENTER
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 • (714) 236-2205

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James E. Jones
JAMES E. JONES
TREASURER/TAX COLLECTOR

JEJ:WG:ael

COUNTY OF SAN DIEGO

County of San Diego

ADMINISTRATION CENTER

DELAVAN J. DICKSON
COUNTY TREASURER

R. H. KIXMOELLER
CHIEF DEPUTY TREASURER

DELAVAN J. DICKSON
CHAIRMAN, RETIREMENT BOARD

JOSEPH R. STABLES
SECRETARY, RETIREMENT BOARD

RICHARD H. JARVIS
RETIREMENT OFFICER

OFFICE OF THE COUNTY TREASURER
EMPLOYEES RETIREMENT DIVISION
112 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
239-7711 X651

September 12, 1972

Mrs. Lillie A. Ham
670 South Anza
El Cajon, CA 92020

Dear Mrs. Ham:

At the time you retired you chose Section 31810, the advance against Social Security benefits. Since you are now eligible for a Social Security pension, your County retirement allowance will be reduced by $94.88, in accordance with our original agreement. The new amount will be $53.98, effective with the check to be mailed October 2, 1972. It is your responsibility to apply to Social Security for benefits.

Very truly yours,

Delavan J. Dickson
County Treasurer

By: Richard H Jarvis
Richard H. Jarvis
Retirement Officer

DJD:RHJ:am

DELAVAN J. DICKSON
TREASURER OF SAN DIEGO COUNTY
ROOM 102 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101

work Papers.

SAN DIEGO
NOV 15'68
CALIF.
U.S. POSTAGE
06
METER
PB 613730

Mrs. Lillia A. Ham
670 South Anza
El Cajon, Ca 92020

mother

SAN DIEGO COUNTY
REPORT OF SEPARATION FROM DEPARTMENT

ROUTING:
WHITE & YELLOW TO CIVIL SERVICE
GREEN TO AUDITOR-BUDGET-CLAIMS DIV.
BLUE TO RETIREMENT
PINK RETAINED BY DEPT.

Employee's Name: HAM, LILLIE A.
Mailing Address: 670 S. Anza St.
El Cajon, Calif. 92020

Employee's Number: 35794
Last Date Employed: 11-14-68
Payroll Number: 10
Dept. Number: 6560
Name: Edgemoor Geriatric Hospital
Number of hours worked on last day: 8
Class Number: 4615
Class Title: Nurses Assistant

Employee is:
☒ Leaving County Service
☐ Remaining in County Service
☒ C.E.R.S. Member

A. Nature of Separation

(THIS SECTION TO BE COMPLETED BY DEPARTMENT)

01 ☐ Resignation from the Classified Service (Requires that Employee complete Section "B" below) If less than Seven Days' Notice was given, is such shorter notice approved? ____________ Yes or No
02 ☐ Appointment to a Position in ____________ Department.
03 ☒ Retirement (County Retirement Plan)
04 ☐ Left Job Without Notice (This will be recorded as an unsatisfactory resignation.)
05 ☐ Expiration of Temporary Employment (Not applicable if employee resigned before agreed time)
06 ☐ Expiration of Provisional Employment (Expiration of six month appointment limit)
07 ☐ Replacement of Provisional or Emergency Employee by Certified Eligible
08 ☐ Lay-off for Lack of Work or Funds (See Sections 9.25 thru 9.30, of Civil Service Rules)
09 ☐ Failed to Meet Medical or Physical Requirements
10 ☐ Death
11 ☐ Dismissal as Unsatisfactory During Probation
12 ☐ Dismissal as Unsatisfactory During Temporary Service
Give reason under "Remarks" below.
13 ☐ Dismissal of Permanent Employee as Unsatisfactory. Date Written Notice Delivered to Employee: ____________
(See Section 7.3, of Civil Service Rules)

CIVIL SERVICE USE ONLY
☐ Post-Index Posted
☐ Statistics
☐ Eligible List Posted
☐ Visible Index
☐ Employee's Copy Sent

Remarks: ____________

Immediate Superior: Mrs. Beverly Rambo Beverly Rambo
Separation reported by: W. W. STADEL, M.D., DIRECTOR, Senior Clerk, 10-7-68
Signature of Appointing Authority, Title, Date

B. Resignation:

(USE ONLY FOR RESIGNATION. THIS SECTION TO BE COMPLETED BY EMPLOYEE)

Any Employee wishing to resign from the Classified Service of the County in good standing shall fill in the Resignation Certificate below, giving at least one week's notice to the Appointing Authority unless the latter approved of a shorter notice. An Employee who leaves without giving notice in the foregoing manner may be denied future employment by the County. An Employee who resigns should first be sure what effect the resignation will have upon the conditions of re-employment in case he decides to return to the County service.

I hereby tender my resignation from the Classified Service of San Diego County and certify that it is executed by me freely and voluntarily and not by any reason of threat, force, duress, menace, or undue influence by any person or persons. I desire to discontinue such employment for the following reason(s): (Check those which apply)

20 ☐ Acceptance of Position with a Higher Salary
21 ☐ Acceptance of Position with Better Future
22 ☐ Temporary Nature of Job
23 ☐ Hours or Days of Work Unsatisfactory
24 ☐ Relations with Other Employees or Officers Unsatisfactory
25 ☐ Assigned Duties Undesirable
26 ☐ Work Too Difficult
27 ☐ Family Reasons:
28 ☐ Personal Health
29 ☐ Marriage
30 ☐ Returning to School
31 ☐ Leaving San Diego
40 ☐ Other (Explain) ____________

I desire the Last Day of my Employment to be ____________

Employee's Signature ____________ Date Signed ____________

FORM CS-23 1-64

OFFICE OF THE COUNTY TREASURER
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
102 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101

Date June 5, 1968

Mrs. Lillie A. Ham
670 So. Anza
El Cajon, California 92020

The following information has been prepared in compliance with your request of June 3, 1968 that this office estimate your monthly retirement allowance based on a retirement date of Nov. 15, 1968.

Retirement as of the above date would entitle you to a monthly allowance of approximately $ 64.91.

We would like to emphasize that this amount is based on the assumptions that your rate of pay will not fluctuate and your service will remain continuous. It should be employed only as a very general guide in the determination of income subsequent to retirement rather than as a "dollars and cents" guarantee.

The above figure does not include any amounts to which you may be entitled from Social Security. Only the Social Security Administration is qualified to prepare accurate estimated of possible OASDI benefits. We suggest that you contact their local office(3211 Fifth-293-5550)should you desire information of this nature.

We hope that this information will be of use to you in making plans for your retirement and that you will feel free to contact this office if we may be of further assistance.

Yours very truly,

DELAVAN J. DICKSON
COUNTY TREASURER

By Richard H. Jarvis
County Retirement Officer

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
AMOUNT	TYPE	TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
18759	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03- 253641

LILLIE A HAM
RETIREE NAME

1026

PAID
03-31-77

FOR THE MONTH OF
03-77

NET PAY
6948

NON-NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
AMOUNT	TYPE	TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
25012	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03- 256574

LILLIE A HAM
RETIREE NAME

1059

PAID
05-02-77

FOR THE MONTH OF
04-77

NET PAY
6948

NON-NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
AMOUNT	TYPE	TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
31265	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03- 260153

LILLIE A HAM
RETIREE NAME

1073

PAID
05-31-77

FOR THE MONTH OF
05-77

NET PAY
6948

NON-NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

WARRANT NO. 03-245078

ITEMIZED PAYMENTS AMOUNT	TYPE	DEDUCTIONS TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
74490	← TO-DATE		

SOCIAL SECURITY 557-18-4505

LILLIE A HAM
RETIREE NAME

100

PAID 12-31-76

FOR THE MONTH OF 12-76

NET PAY 6948

NON NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

WARRANT NO. 03-247919

ITEMIZED PAYMENTS AMOUNT	TYPE	DEDUCTIONS TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
6253	← TO-DATE		

SOCIAL SECURITY 557-18-4505

LILLIE A HAM
RETIREE NAME

1012

PAID 01-31-77

FOR THE MONTH OF 01-77

NET PAY 6948

NON NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

WARRANT NO. 03-250769

ITEMIZED PAYMENTS AMOUNT	TYPE	DEDUCTIONS TYPE	AMOUNT
4131	BASIC ALLOWANCE	RET.EMPL.ASSN	25
2122	COL ALLOWANCE		
720	MEDICARE REFUND		
6973	← CURRENT	TOTAL →	25
12506	← TO-DATE		

SOCIAL SECURITY 557-18-4505

LILLIE A HAM
RETIREE NAME

1012

PAID 02-28-77

FOR THE MONTH OF 02-77

NET PAY 6948

NON-NEGOTIABI

DETACH HERE AND KEEP FOR YOUR RECORDS

N DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
MOUNT	TYPE	TYPE	AMOUNT
41 31	BASIC ALLOWANCE	RET.EMPL.ASSN	25
21 22	COL ALLOWANCE		
7 20	MEDICARE REFUND		
69 73	← CURRENT	TOTAL ⟶	25
744 90	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03-2450787

LILLIE A HAM 10
RETIREE NAME

PAID
12-31-76

FOR THE MONTH OF
12-76

NET PAY
69 48

®J

NON NEGOTIABL

DETACH HERE AND KEEP FOR YOUR RECORDS

N DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
MOUNT	TYPE	TYPE	AMOUNT
41 31	BASIC ALLOWANCE	RET.EMPL.ASSN	25
21 22	COL ALLOWANCE		
7 20	MEDICARE REFUND		
69 73	← CURRENT	TOTAL ⟶	25
62 53	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03-2479191

LILLIE A HAM 10
RETIREE NAME

PAID
01-31-77

FOR THE MONTH OF
01-77

NET PAY
69 48

®J

NON NEGOTIABLE

DETACH HERE AND KEEP FOR YOUR RECORDS

DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

ITEMIZED PAYMENTS		DEDUCTIONS	
MOUNT	TYPE	TYPE	AMOUNT
41 31	BASIC ALLOWANCE	RET.EMPL.ASSN	25
21 22	COL ALLOWANCE		
7 20	MEDICARE REFUND		
69 73	← CURRENT	TOTAL ⟶	25
125 06	← TO-DATE		

SOCIAL SECURITY
557-18-4505

WARRANT NO.
03-250769

LILLIE A HAM 10
RETIREE NAME

PAID
02-28-77

FOR THE MONTH OF
02-77

NET PAY
69 48

NON-NEGOTIABLE

Should you miss
your Newspaper,
Call before 9:30 A.M.

MAIN OFFICE 299-4141

ESCONDIDO AREA 746-6700
Escondido-Poway-San Marcos-
Rancho Bernardo-Pauma Valley
Ramona

NORTH COAST 722-1488
Oceanside-Carlsbad-Encinitas
Leucadia-Cardiff-Vista-Fallbrook

TOLL FREE ZENITH 7-0364
Del Mar-Rancho Santa Fe-
Solana Beach

RECEIPT FOR JAN.

BILLS ARE DUE AND PAYABLE UPON PRESENTATION

Received of HAM

Address ________ Apt. ____

for delivery of: No. 087548

THE SAN DIEGO UNION $4.50

From Jan. ____, 1976 to Feb. ____, 1976

Tony Newbold 444-1991

CARRIER'S SIGNATURE PHONE

Should you miss
your Newspaper,
Call before 9:30 A.M.

MAIN OFFICE 299-4141

ESCONDIDO AREA 746-6700
Escondido-Poway-San Marcos-
Rancho Bernardo-Pauma Valley
Ramona

NORTH COAST 722-1488
Oceanside-Carlsbad-Encinitas
Leucadia-Cardiff-Vista-Fallbrook

TOLL FREE ZENITH 7-0364
Del Mar-Rancho Santa Fe-
Solana Beach

RECEIPT FOR SEP.

BILLS ARE DUE AND PAYABLE UPON PRESENTATION

Received of ________

Address 1285 E W 131st Apt. 27

for delivery of: No. 089483

THE SAN DIEGO UNION $4.50

From Sep. 1, 1976 to Oct. 1, 1976

T. NEWBOLD 444-1991

CARRIER'S SIGNATURE PHONE

Should you miss
your Newspaper,
Call before 9:30 A.M.

MAIN OFFICE 299-4141

ESCONDIDO AREA 746-6700
Escondido-Poway-San Marcos-
Rancho Bernardo-Pauma Valley
Ramona

NORTH COAST 722-1488
Oceanside-Carlsbad-Encinitas
Leucadia-Cardiff-Vista-Fallbrook

TOLL FREE ZENITH 7-0364
Del Mar-Rancho Santa Fe-
Solana Beach

RECEIPT FOR OCT.

BILLS ARE DUE AND PAYABLE UPON PRESENTATION

Received of Hamm

Address ________ Apt. 27

for delivery of: No. 087581

THE SAN DIEGO UNION $4.50

From Oct. 1, 1976 to Nov. 1, 1976

T. Newbold 444-1991

CARRIER'S SIGNATURE PHONE

11/8/76

Dear Customer:

This is my last month to collect on the San Diego Union route. A new carrier took over the route officially on November 1st. His name is Wayne Pardue and his telephone number is 460-0863. If you have any questions concerning delivery of your paper, please call him.

I am enclosing a self-addressed envelope for the amount due for October. Will you please return your check in the envelope at your earliest convenience.

Sincerely,

Tony

Tony Newbold
444-1991

P.S.: It has been a pleasure serving you for the past three years.

TO ALL RETIRED EMPLOYEES: JULY 31, 1976

For your information we are publishing the dates that your retirement checks will be mailed during the next year. Checks are mailed on the last day of the month UNLESS that day falls on a WEEKEND OR HOLIDAY as noted below. *

MONTH	DATE TO BE MAILED	MONTH	DATE TO BE MAILED
*JULY 76	AUG 2	JAN 77	JAN 31
AUG 76	AUG 31	FEB 77	FEB 28
SEP 76	SEP 30	MAR 77	MAR 31
*OCT 76	NOV 1	*APR 77	MAY 2
NOV 76	NOV 30	MAY 77	MAY 31
DEC 76	DEC 31	JUNE 77	JUNE 30

Change of address should be made in writing to: Delavan J. Dickson, County Treasurer, Room 112, 1600 Pacific Highway, San Diego, CA 92101.

TO ALL RETIRED EMPLOYEES: JULY 31, 1977

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MONTH	DATE TO BE MAILED	MONTH	DATE TO BE MAILED
*JULY 77	AUG 1	JAN 78	JAN 31
AUG 77	AUG 31	FEB 78	FEB 28
SEP 77	SEP 30	MAR 78	MAR 31
OCT 77	OCT 31	*APR 78	MAY 1
NOV 77	NOV 30	MAY 78	MAY 31
DEC 77	DEC 31	JUNE 78	JUNE 30

Change of address should be made in writing to: Delavan J. Dickson, County Treasurer, Room 112, 1600 Pacific Highway, San Diego, CA 92101.

NETWORK

RETIRED EMPLOYEES OF SAN DIEGO COUNTY, Inc.
March 1977 3746 VILLA TERRACE, SAN DIEGO, CA. 92104. (714) 295-5328

PRESIDENT'S PARTY LINE

On February 18th our Association presented its third pre-retirement orientation seminar for county employees who contemplate retirement within the next two years. There were about 225 reservations for the program.

RUTH CUMMINS, chairman, and her fellow committee members J. B. ASKEW, EDITH CANFIELD, MARGARET GILBERT, GEORGE L'HEUREUX, ED RUSH and EVERLY TERRY deserve a great deal of credit for their efforts. Especially Ruth, who did the major portion of the work.

Speakers and panel participants were: County Retirement Officer RICHARD JARVIS; Social Security Field Representative GUY DEEKS; Investment Counselor and Adult Education Instructor HARRY TRANTOR; HERBERT L. LEMMON, Housing Management Officer for the City of San Diego; CECILIA WHITE, Internal Revenue Service; ANNIE STEEL, Credit Union Public Relations.

BILL BURNS, editor of the Public Employee was very helpful with publicity, representing our co-sponsor, the SAN DIEGO PUBLIC EMPLOYEES ASSOCIATION.

(cont. on page 3)

* * * * *

SAID BEFORE, NOW AGAIN

Network space is limited but it does belong to our members. If you have something to say you believe will be of interest to your fellow members, give us a chance to print it.

News for the succeeding month must be mailed to Network, 3746 Villa Terrace, San Diego 92104, by the 15th. Sooner if possible.

IN MEMORIAM

MAUDE E. GOLDSWORTHY MARTHA O. NELSON
NETTIE MASON FRANK A. RAY
MAE O. THOMAS

SUPS GOING TO SAC FOR SURPLUS

The San Diego County Board of Supervisors is going to seek legislation that would give it control over all excess earnings of the retirement fund except those required by law as a reserve against possible losses on investments, deficiencies in other years, and other contingencies.

This proposed change would also apply in each of the 19 other counties having a retirement system similar to ours.

The prosposed law would provide that each year a board of supervisors could require transfer of any surplus earnings from the retirement fund into the county's account, thereby reducing county contributions. It would not be required to make that request but there is little reason to believe that

(cont. on page 3)

* * * * *

ASSN. MEETING: MAR. 9, 1977

The next regular meeting of the Retired Employees of San Diego County will be held Wednesday, March 9, 1977, 10:00 AM, at the North Park Recreation Center, 4044 Idaho St. San Diego.

FREE, coffee, tea and cookies will be served from 9:15 to 9:45 for those who want to come early to visit with friends.

Members who arrive before the meeting convenes will have a chance to win the $5 check door prize.

The subject of tax reform is not only confusing it is also a hot subject in the Legislature. There are a surprising number of proposals of change. At this meeting a member of Assemblyman LARRY KAPILOFF's staff will give us information about the proposals and their prospects of success. Kapiloff is a member of our Association. While working in the County Counsel's Office he was the County's tax attorney. Tax reform is one of his continuing interests.

Vol. 8. No. 3

SAN DIEGO LEGISLATORS ON RETIREMENT COMMITTEES

Assemblymen PETE CHACON, BILL CRAVEN and WADIE DEDDEH have been assigned to the Assembly Public Employees and Retirement Committee again this year. Deddeh continues to serve as committee chairman.

Former Assemblyman and now State Senator BOB WILSON will serve as vice chairman of the Senate Public Employment and Retirement Committee. The subject of retirement is not new to him. He chaired an Assembly retirement committee one year.

Senator JIM MILLS is also a member of the Senate committee dealing with retirement and continues as President Pro-tem of the Senate.

We are fortunate that all of these gentlemen know both our Association and CRCEA. They know we have been reasonable in the legislation we have sponsored in the past and that CRCEA speaks on behalf of retired employees of twenty counties. They know, too, that we are deeply concerned with protecting the retirement systems in those counties.

* * * * *

WE NOW HAVE ALMOST 2200 MEMBERS

RETIREMENTS, SOON OR RECENT

Gordon W. Bullock	2-11
Kenneth A De Vault	2-1
Della V. Donovan	1-1
Julian M. Guerrero	2-5
Teresa H. Freeman	1-21
Margaret Hall	1-21
Leonard Hipkins	2-11
John I. Jacobsen	2-16
Bette J. Kendall	1-7
Wayne D. Koser	1-14
Mary M. Kurtovich	1-8
Jessie B. Martin	1-13
Gertrude Minard	2-3
Bernice Minyard	1-28
Anne E. Owens	1-27
Dorothy K. Perry	1-1
Iris P. Phillips	12-31
H. West Rockie	2-11
Helen Ronstadt	3-5
Virginia Spencer	2-26
Marvin D. Tarshes	2-1
William Weston	2-11
Homer C. Wilson	1-5

* * * * *

MEMBER FRED SCHATZ has just completed a 20 month, 25000 mile, trailer tour of the U. S. He will be glad to give some tips to anyone planning such a trip. Phone him, 466-0184.

HEALTH CARE DEDUCTION TAX INFORMATION

The County Retirement Office has given us a schedule (see below) of deductions made from 1976 retirement checks for payment of dependents health care premiums. It is only for dependents because the Retirement Fund pays for retired employees who served San Diego County 10 or more years, and their survivors. If a spouse or other dependent is covered the retired employee or survivor pays for him or her.

To avoid confusion no information has been included for those few retired employees or survivors who must pay their own health care premiums.

If you should need information not given in this schedule you may write or phone the County Retirement Office, County Administration Center, 1600 Pacific Highway, San Diego 92101; telephone 236-2205.

This schedule assumes that dependent coverage continued, and the number of dependents did not change, during the 12 months of 1976.

	KAISER	CONTINENTAL ASSURANCE
Dependent with medicare	$131.40	236.52
Dependent without medicare	303.00	398.82
2 or more Dependents, one with medicare	386.40	398.82
2 or more Dependents without medicare	558.00	398.82

RENTERS, DON'T FORGET YOUR $37

Assemblyman LARRY KAPILOFF sent Network a news release which reminded us of the $37 payment renters may receive from the State.

You do not have to have reportable income to qualify for the Renters Credit payment. You must, however, use the Renters Credit section of the California State Income Tax form 540 to file your request for payment.

To be eligible for the payment you must have been a resident of California, renting a dwelling or mobile home space in California on March 1, 1976. It must not have been exempt from property tax. (For example, some housing facilities for seniors are exempt.) You must not have received a Homeowner's Property Tax Exemption in 1976. And, you must not have lived with another person who claimed you as a dependent for income tax purpose.

You may be eligible for less than $37 if you did qualify as of March 1 but for only part of the year.

You should file by April 15, 1977.

Information and form 540 are available at any Franchise Tax Board Office. You will no doubt find, too, that wherever you may be living in California the nearest office of your district Assemblyman or State Senator will be glad to help you.

* * * * *

LEGISLATIVE THREATS (cont. from page 1)

ed, we were informed we could expect the same move to be tried again this year.

So far it appears CRCEA will sponsor only one piece of legislation this year. Never the less, all of the above indicate it will have a busy year at Sacramento. Ed Rush.

* * * * *

CRCEA's NEWSLETTER recently should have said the association's board members would be served swiss steak at its January 27 dinner meeting. Instead, the announcement read swill steak. One board member sent the editor a note which among other things said Ugh!

* * * * *

RETIREMENT BOARD MEETINGS are regularly set for the third Thursday of each month, at 2:00 PM, in room 358, County Administration Center. They are public meetings.

INCOME TAX HELP

Perhaps we should say - Help! Income Tax!

Either way, there is FREE help available.

You can always go to a State Franchise Tax Board Office or Federal Internal Revenue Service Office. IRS now has a Taxpayers Assistance Division telephone, 236-1700.

"Volunteer Income Tax Assistance" (VITA) - a service of United Way - has trained about 320 volunteers who will help seniors fill out Federal 1040 and 1040A forms, and the 540 State form. They do not help with the more complicated problems such as long-term capital gains and rental income.

VITA assistance will be available from February 1 to April 15 at about 75 senior centers, libraries and agencies in the City and County.

To locate VITA service nearest you, call 292-0993.

This information was furnished to Network by member BRECK CORNETT.

* * * * *

INSURANCE CLAIMS SERVICE

November Network announced the "Para Medical" insurance claim preparation service. We reprint a portion of the item as a reminder.

Fees for preparation of claims for Medicare and all other medical care insurance are: $1.00 for the first page of each billing and 50 cents for each additional page.

The complete package will contain an original for the primary insurance carrier, or Medicare, one copy for the patient, and a second copy for the secondary carrier if required.

Para Medical may be what you need if you are having trouble with insurance claims. It is at 3577 Fourth Avenue, San Diego 92103. Telephone 297-0561. Mention that you are a member of our Association.

OR, IF YOU PREPARE your own claims for filing BRYANT KEARNEY has set up a two page guide that may be helpful to you. If you would like a copy, write or phone our Association, 3746 Villa Terrace, San Diego 92103, telephone 295-5328.

* * * * *

LATEST RUMOR is that Federal statistics will show a less than 5% cost of living increase during 1976.

THE NEXT REGULAR MEETING of the Retired Employees of San Diego County is set for Wedneday, March 9, 1977, 10:00 AM, at the North Park Recreation Center, 4044 Idaho St., S. D.

* * * * *

SUPERVISOR JIM BATES has been elected chairman of the Board of Supervisors for 1977. With a new Board and new year to work with, congratulations and good wishes for a happy and successful year, Mr. Bates.

* * * * *

PRE-RETIREMENT SEMINAR (cont. from page 1)

The Public Employees Association co-sponsors these seminars with us and the County Credit Union furnishes refreshments for a coffee break during the program.

* * * * *

RETIRED EMPLOYEES
OF SAN DIEGO COUNTY, Inc.

President - Miss FRANCES BRENNAN
First Vice President - GEORGE L'HEUREUX
Second Vice President - JACK WHITMAN
Secretary - Miss MARGERY BRINKERHOFF
Treasurer - GEORGE LIDDELL

Directors:
Dr. J. B. ASKEW
Mrs. RUTH CUMMINS
Mrs. MARGARET GILBERT
Miss WILMA GLENDENING
Mrs. LAURA LUBRANO
Mr. JIM WORK.

Jr. Past President - RALPH DARR

Executive Secretary - ED RUSH
Newsletter Assistant - KAY RUSH

* * * * *

NETWORK

is the official publication of the RETIRED EMPLOYEES OF SAN DIEGO COUNTY (a non-profit corporation).

Telephone 295-5328 to contact either the Association or the NETWORK editor, Ed Rush. Mail address for both is 3746 Villa Terrace, San Diego, CA 92104.

This Association is a member of the CALIFORNIA RETIRED COUNTY EMPLOYEES ASSOCIATION

PLEASE, DON'T SEND DUES

Payment of dues by deduction from our retirement allowances is so convenient and well received it is even causing a small problem!

Some members have sent checks in payment of 1977 dues, having overlooked the 25 cent per month deduction now made for our association dues. We are having to remind them that they are already paid up as each month passes.

The only exceptions are associate and deferred members. They are few and will soon be notified of the need for payment of $3.00 for 1977 dues.

MOVING SOON? BE SURE TO SEND US YOUR NEW ADDRESS. DON'T MISS AN ISSUE OF "NETWORK".

IF YOUR RETIREMENT CHECK GOES TO A BANK OR The Credit Union don't let that cause you to overlook notifying the Retirement Office of an address change. You might miss out on important information from that Office.

Also, be sure to notify it if there is need to change your beneficiary due to a change in marital status or the death of a beneficiary. Or, if your beneficiary moves, let the Retirement Office have the new address.

* * * * *

ELIGIBLE TO MEMBERSHIP IN OUR ASSOCIATION: Retired employees of San Diego County who receive a retirement allowance. Surviving spouses who receive a survivors allowance. Terminated employees who have been granted deferred retirement status. Retired employees of San Diego County who are not eligible to receive a retirement allowance, who may still be occasionally employed by the County but who have worked at least five years for the County and who are at least 55 years old.

Retired Employees
Of San Diego County, Inc.
3746 VILLA TERRACE
SAN DIEGO, CALIFORNIA 92104

BULK RATE
U.S. POSTAGE
PAID
San Diego, Calif.
PERMIT NO. 885

ADDRESS CORRECTION REQUESTED

Lillie A. Ham
1285 E. Washington Sp. 27
El Cajon, CA 92020

COUNTY OF SAN DIEGO
DEPT. OF CIVIL SERVICE AND PERSONNEL

NOTIFICATION OF TEST RESULTS

APPLICANT WRITE TITLE OF POSITION HERE

ATTENDANT

APPLICANT WRITE NAME AND ADDRESS PLAINLY IN THE SPACE BELOW

Lillie A. Ham
670 South Anza
El Cajon, California

(DO NOT TEAR THESE CARDS APART)

NOTIFICATION OF TEST RESULTS

THIS IS NOT AN OFFER OF EMPLOYMENT

(x)	YOU WERE SUCCESSFUL IN THE TESTS FOR THE POSITION THE TITLE OF WHICH IS ENTERED ON THE REVERSE SIDE OF THIS CARD. YOUR NAME HAS BEEN PLACED ON THE LIST OF PERSONS ELIGIBLE FOR EMPLOYMENT.	TEST GRADE 87.3	APPROXIMATE POSITION ON LIST

( ) YOU WERE UNSUCCESSFUL IN THE TESTS FOR THIS POSITION FOR THE REASONS INDICATED BELOW—

☐ Your Grade in the Written Tests Was Below the Required 70.

☐ Your Appraisal Grade Based on Education, Experience and/or Personal Qualifications Was Below the Required 70.

☐ Your Grade in the Performance Test Was Below the Required 70.

☐ Your Grade Was Less Than 70 in

If You Took a Written Test You May See Your Papers at The Civil Service Office Within Ten Days.
Thank You for Your Interest in Employment with the County of San Diego.

DEPT. OF CIVIL SERVICE AND PERSONNEL

COUNTY OF SAN DIEGO
DEPT. OF CIVIL SERVICE AND PERSONNEL

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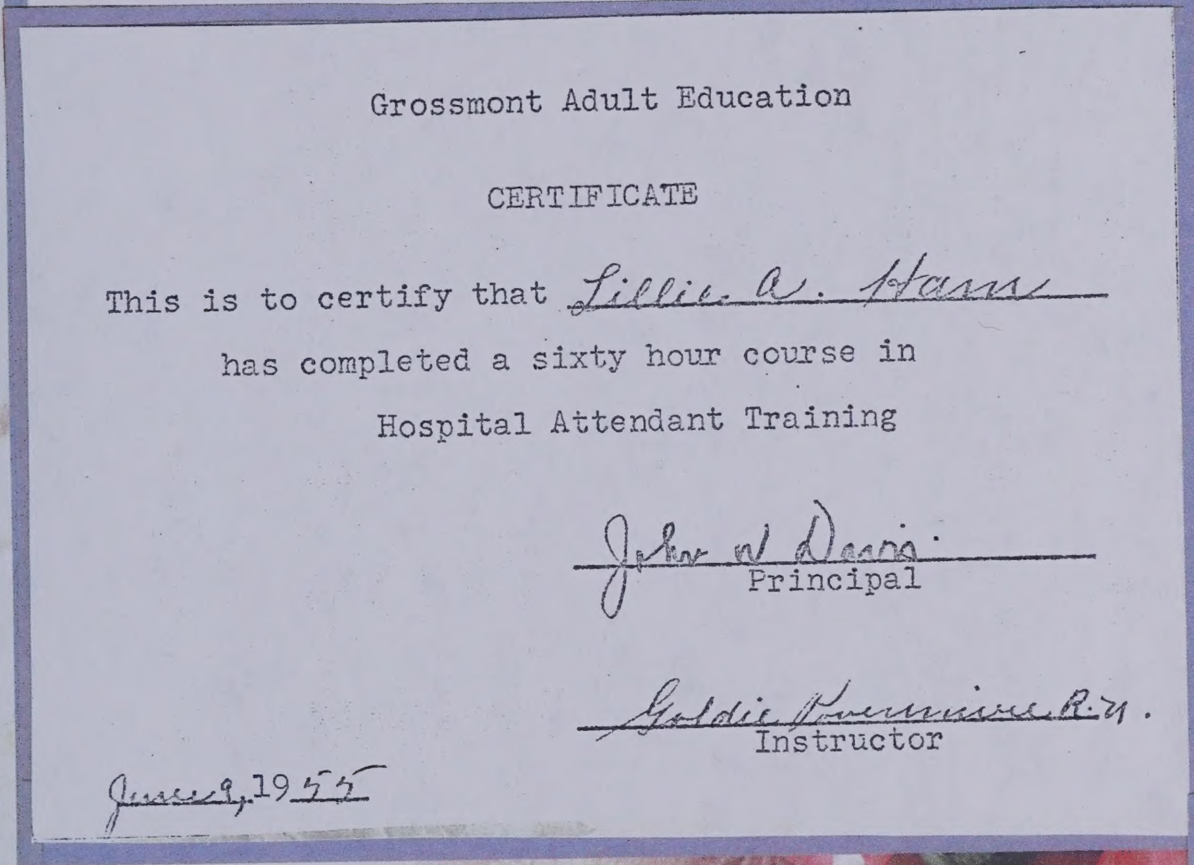
DEPT. OF CIVIL SERVICE AND PERSONNEL



Grossmont Adult Education

CERTIFICATE

This is to certify that Lillie A. Hann

has completed a sixty hour course in

Hospital Attendant Training

John W Davis

Principal

Goldie [illegible] R.N.

Instructor

June 9, 1955

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© GOES 665

LITHO. IN U.S.A.

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John W Davis

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Goldie [illegible] R.N.

Instructor

June 9, 1955

LITHO.IN U.S.A.

COUNTY OF SAN DIEGO, CALIFORNIA

Board of Supervisors

RETIREMENT CERTIFICATE

Whereas, after the completion of 13 years of loyal and efficient service to the County of San Diego.

LILLIE A. HAM

is retiring from the duties so long performed with integrity and satisfaction.

Now, Therefore, Be It Resolved that the Board of Supervisors of the County of San Diego hereby publicly acknowledges and expresses appreciation for the long, faithful and excellent services rendered to the people of this County and extends most sincere wishes that the years to come may bring a full measure of health, happiness and enjoyment.

Frank A. Gibson

Robert C. Dent

Boney

Chairman of the Board

DeGraff Austin

Robert C. Cozens

NOVEMBER 15, 1968

COUNTY OF SAN DIEGO, CALIFORNIA

MDCCCLI

Board of Supervisors

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Robert Cozens

NOVEMBER 15, 1968

OFFICE OF THE COUNTY TREASURER
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
102 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101

October 11, 1968

Lillie A. Ham
670 South Anza
El Cajon, Ca 92020

Dear Mrs. Ham:

The San Diego County Employees Retirement Board, at their meeting of October 10, 1968, approved your Integrated Service Retirement, Unmodified, 31810 Plan, effective November 15, 1968.

Very truly yours,

DELAVAN J. DICKSON
COUNTY TREASURER

Richard H. Jarvis

By Richard H. Jarvis
County Retirement Officer

APPLICATION FOR RETIREMENT
SAN DIEGO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
Room 102 County Administration Center, San Diego, Ca. 92101

Soc Sec # 35794

Name Lillie A. Ham Department EDGEMOOR

Home Address 670 SOUTH ANZA, EL CAJON, CA 92020

Date of Separation From County Service 11-14-68.

Name of Husband or Wife HERBERT R. HAM Date of Marriage 5-22-29

I have discussed and understand the various plans for payment of monthly retirement allowance with a representative of the Retirement Association and request that payments be made to me based on the UNmodiFied - INTegRATed - 31810 Retirement Plan,
(Unmodified, Option No. 1, 2, 3, 4)

starting 11-15-68, the effective date of my retirement.

The three years in which I received the highest salary from the County are as follows:

LAST 3 yeARS OF EmPloyment
(Give inclusive dates if the years are other than the 3 years preceding retirement)

I hereby name HERBERT R. HAM Relationship SPOUSE
(Please Print)

if living, otherwise ESTATE Relationship

as my beneficiary for any benefits that may accrue under my Retirement Association membership. All prior designations of beneficiaries and/or contingent beneficiaries are hereby revoked.

Willard Lowe
(Witness to Signature)

Lillie A Ham
(Member's Signature)

10-3-68
(Date)

THIS SECTION MUST BE COMPLETED IF RETIRING MEMBER DESIGNATES SPOUSE AS BENEFICIARY

I hereby certify that I was born on Feb. 26, 1903
(Month - Day - Year)

Herbert R Ham
(Signature of Beneficiary)

R-1

OFFICE OF THE COUNTY TREASURER
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
102 COUNTY ADMINISTRATION CENTER

Oct 3, 1968

Lillie A. Ham

This is to inform you that you have made the following selections in regard to your forthcoming retirement:

1. Service Retirement

[✓ 2.] Integrated Service Retirement

3. Safety Member Retirement

4. Service Connected Disability Retirement

5. Non-Service Connected Disability Retirement

[✓ 1.] UNMODIFIED PLAN: You will receive the maximum monthly allowance for life. If you have a surviving spouse at the time of your death and you have named him or her as your beneficiary, the said spouse will receive sixty percent of your monthly allowance for life. At the time both you and your spouse pass away, all of your contributions remaining in your account revert to the Retirement System. Should a person without a spouse select the Unmodified Plan, any of his contributions remaining in his account at the time of his or her death will revert to the Retirement System.

2. OPTION #1: You will receive an allowance slightly less than the Unmodified allowance for the rest of your life. Should you pass away, any of your contributions remaining in your account will be turned over to the person or persons you have named as your beneficiary(s). It should be noted that your contributions to the system will be exhausted at approximately ten years after your retirement date. There will not be a monthly continuance.

3. OTHER:

+ 31810

Willard Comer

asst County Retirement Officer

Standard Form 1199
April 1975
Department of the Treasury
Fiscal Service

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) LILLIE A. HAM authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) *(The person(s) entitled to receive benefits from the Social Security Administration.)*
LILLIE A. HAM

C CLAIM NUMBER: 557-18-4505
SUFFIX: A

D TYPE OF PAYMENT: S S A

E PAYEE'S TELEPHONE NO.: 714 4445428

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account: C
DEPOSITOR ACCOUNT NUMBER: 0081196123

G MAILING ADDRESS OF PAYEE *(Number, Street, City, State, and Zip Code)*
670 South Anza, Sp # 4, El Cajon, Calif 92020

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES *(see instructions)*
SIGNATURE: X Lillie Ham
SIGNATURE:
DATE: 8-19-75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
SOUTHERN CALIFORNIA
FIRST NATIONAL BANK

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account: C
DEPOSITOR ACCOUNT NUMBER: 0081196123

OFFICE ADDRESS *(Number, Street, City, State, and Zip Code)*
P.O. BOX 1109, SAN DIEGO, CA. 92112

DEPOSITOR ACCOUNT TITLE
HERBERT R. HAM OR LILLIE HAM

ROUTING NUMBER: 1222-0049
CHECK DIGIT: 0

BRANCH DESIGNATION, IF APPLICABLE: EL CAJON VALLEY #8

TELEPHONE NUMBER: 714 294 4799

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

TITLE: Administrative Officer

DATE: 8-19-75

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT
The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Notary Public

Date

$242.60
Seal

BENEFICIARY COPY

INSTRUCTIONS

IMPORTANT NOTICE — This form is to be used only for Social Security Benefit Payments.

If you wish your monthly benefit payments sent to your financial organization for deposit into your savings or checking account both you and the financial organization must complete this form to authorize this action. The U.S. Government will forward these payments to the point you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or state chartered credit union. If you do not have an account in one of these organizations and wish one, contact the financial organization of your choice.

THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT.

PAYEE/BENEFICIARY FORM COMPLETION INSTRUCTIONS

ITEM A - Print the name of the person(s) to whom the payment is made. This is the beneficiary except where a representative payee has been appointed by the Social Security Administration.

ITEM B - Print the name of the beneficiary(ies) of this payment. The person entitled to receive social security payments is the beneficiary of the payment. If you are a representative payee, print the name of the beneficiary(ies) for whom you receive payment under this account. **(The term "beneficiary" does not refer to a person designated to receive funds under the terms of a will, trust, insurance policy, etc.)**

ITEM C - Print the claim number and suffix that the Social Security Administration uses to identify your payment. The claim number is the Social Security number under which benefits are being paid and the suffix identifies the type of claim for which benefits are being paid. This information can be obtained from the check, medicare card, award letter or from the Social Security District Office.

ITEM D - Print the type of payment for which this form authorizes deposits.

1. If Social Security Payment, print "SSA".
2. If Disability Payment, print "DIB".
3. If Supplemental Security Income Payment, print "SSI".
4. If Coal Miners' Health Benefit Payment (Black Lung), print "Black Lung"

A separate form must be completed for each type of payment which you receive and wish deposited in your account.

ITEM E - Print the telephone number of the payee named in Item A.

ITEM F - Show the type of account and the account number for the account in which this payment is to be deposited. The account may be either a savings or a checking account. The account title must include the name of the beneficiary. If you do not know your account number it may be obtained from your financial organization.

ITEM G - Print the mailing address of the payee named in Item A. Provide a complete address including zip code.

ITEM H - Sign and date the form. If the payment is a combined payment for you and your spouse and both of you wish to have your portions of the check sent to the same account, each of you must sign the form. If only one party of a joint payee check desires to have his portion of the payment deposited, only that one payee's name in Item A and signature in Item H should appear on the form. If the payment is made to joint representative payees, both payees must sign the form. If your signature is made by mark, it must be witnessed by two persons who sign the form. If witnesses are required, they should print the word "Witness" above their signatures to the right of your mark.

After completing the top half of this form, all three (3) copies should be delivered or sent to the designated financial organization. After completion, the original of this form is to be furnished to the nearest social security district office. The first copy is to be retained by the financial organization and the last copy is to be retained by you.

CANCELLATION INSTRUCTIONS

When entered in your record with the Social Security Administration, this authorization will remain in effect until canceled by notice to the Social Security Administration by one or both payees or in the event of death of any payee or any beneficiary of this payment. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the Social Security Administration immediately if this authorization is canceled. **The financial organization cannot cancel this authorization by advice to the Social Security Administration.**

CABLE ADDRESS "SOLAR" TELEPHONE: FRANKLIN 1305

SOLAR AIRCRAFT COMPANY

SAN DIEGO 12, CALIFORNIA

September 5, 1945

SERVICE RECORD

This will certify that Ham, Lillie Aloren

SSA# 557-18-4505, was in the employ of this Company

as shown below:

IN	CLASSIFICATION	OUT	REASON FOR LEAVING
6-13-42	Unclassified		
10-1-42	General Machine Operator		
3-7-43	(Uncl (General Machine Operator)		
6-6-43	General Machine Operator		
10-23-44	Assembler General "B"		
		9-7-45	Resigned. Personal affairs--Child care.

Prospective employers may secure additional information regarding former employees by addressing inquiries to the Personnel Department of this Company, provided that they secure the written permission of the individual concerned beforehand.

Official replies will be signed either by executives of Solar Aircraft Company or authorized members of the Personnel Department. Letters of recommendation signed by others should be disregarded.

SOLAR AIRCRAFT COMPANY

R. C. Harlan sm

Personnel Manager

253 I.R.

EXHAUST MANIFOLDS • • AIRPLANE PARTS • • ACCESSORIES OF STAINLESS STEEL

10. Lillie Ham
(Signature of student)

11. AIRCRAFT CONSTRUCTION
(Occupation for which training was given)

VOCATIONAL TRAINING RECORD

School years 12	Units of training (Preparatory—Extension) 13	Clock hours of training 14
	SHEET METAL	
	Blueprint reading	
	Basic Layout	
	Hand and Power Drills	
	Drill press	
	Filing	
	Riveting	
	Use of hand tools	140
	GRADE DEFENSE	
	INSTRUCTOR Elkins	
	COURSE COMPLETED	

U. S. GOVERNMENT PRINTING OFFICE 16—13463

VOCATIONAL TRAINING RECORD CARD

1. SAN DIEGO VOCATIONAL SCHOOL
(Name of institution)

2. SAN DIEGO, CALIFORNIA
(Location)

This certifies that

3. LILLIE HAM
(Name of student)

has satisfactorily completed vocational training in this school in the units shown on the reverse side of this card.

When enrolled in the extension training program he was employed as a

4. (Name of job) in

5. (Name of trade or field of work)

To assist the bearer in finding the position, either in private employment or in the military service, for which he is best fitted, the Federal Security Agency, U. S. Office of Education, and the War Department have authorized the issuance of this certificate.

6. { Seal of school } This card is to be retained by the person to whom issued. If lost, application for a duplicate should be made to the school at once.

7. Wesley P. Heath
(Signature of school official)

8. 3-16-42
(Date)

9. Placement Counselor
(Title)

(Numbers on this card refer to paragraphs with the same numbers on "Instructions for Use.")

Form 114

FEDERAL SECURITY AGENCY
U. S. OFFICE OF EDUCATION
WASHINGTON

16—13463

Lillie Ham
10. (Signature of student)

AIRCRAFT CONSTRUCTION
11. (Occupation for which training was given)

VOCATIONAL TRAINING RECORD

School years 12	Units of training (Preparatory—Extension) 13	Clock hours of training 14
	SHEET METAL	
	Blueprint reading	
	Basic Layout	
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	Filing	
	Riveting	
	Use of hand tools	140
	GRADE DEFENSE	
	INSTRUCTOR Elkins	
	COURSE COMPLETED	

U. S. GOVERNMENT PRINTING OFFICE 16—13463

VOCATIONAL TRAINING RECORD CARD

SAN DIEGO VOCATIONAL SCHOOL
1. (Name of institution)

SAN DIEGO, CALIFORNIA
2. (Location)

This certifies that

LILLIE HAM
3. (Name of student)

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Wesley P. Heath
7. (Signature of school official)

3-16-42
8. (Date)

Placement Counselor
9. (Title)

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Form 114

FEDERAL SECURITY AGENCY
U. S. OFFICE OF EDUCATION
WASHINGTON

16—13463

Lillie Ham

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	GRADE DEFENSE	
	INSTRUCTOR Elkins	
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U. S. GOVERNMENT PRINTING OFFICE 16—13463

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Form 114

FEDERAL SECURITY AGENCY
U. S. OFFICE OF EDUCATION
WASHINGTON

16—13463

COUNTY OF SAN DIEGO, CALIFORNIA

Award for Service

Official appreciation and congratulations are hereby extended to

LILLIE A. HAM

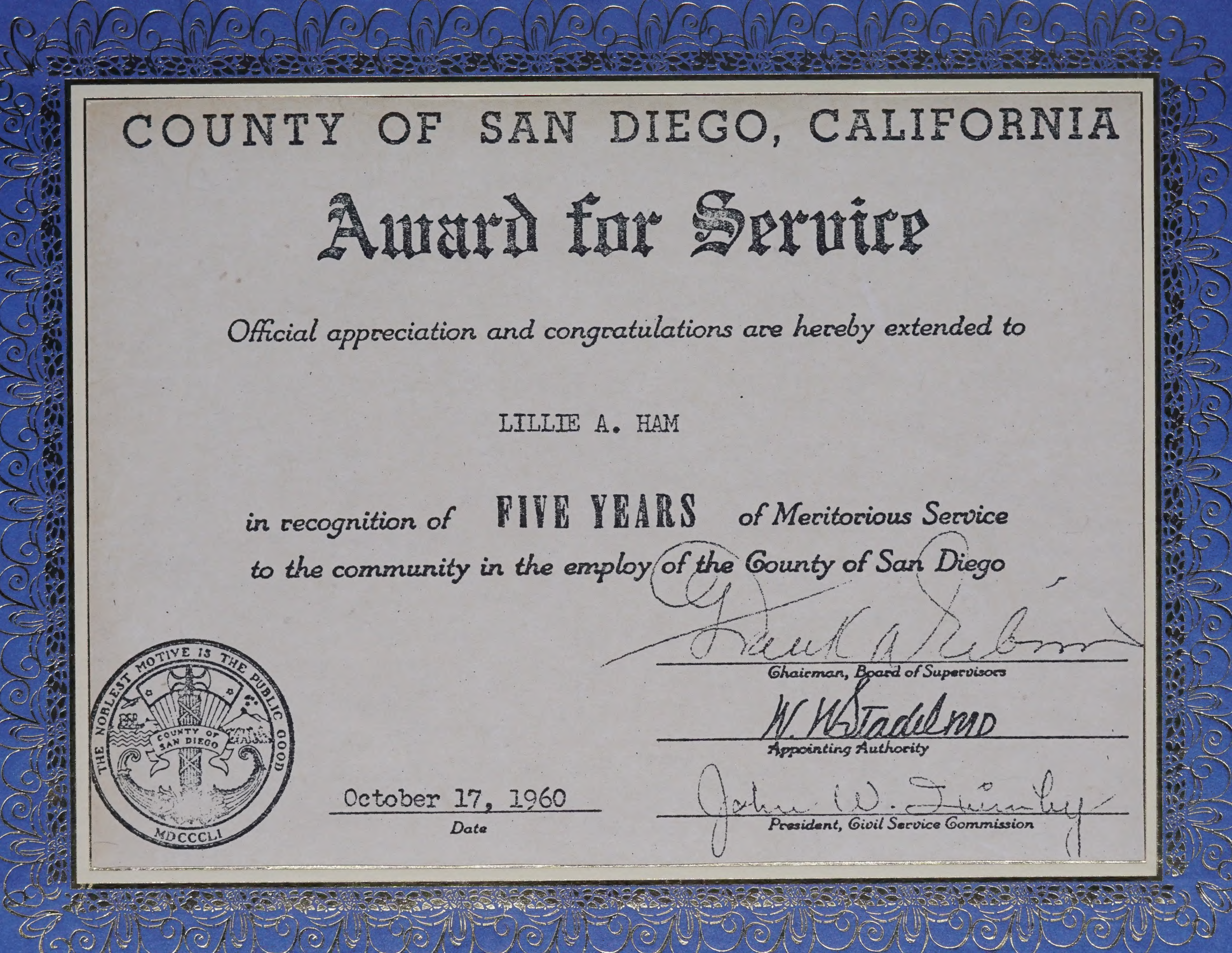
in recognition of **FIVE YEARS** *of Meritorious Service to the community in the employ of the County of San Diego*

Frank A. Gibson
Chairman, Board of Supervisors

W. W. Stadel MD
Appointing Authority

October 17, 1960
Date

John W. Quimby
President, Civil Service Commission



COUNTY OF SAN DIEGO, CALIFORNIA

Award for Service

Official appreciation and congratulations are hereby extended to

LILLIE A. HAM

in recognition of **FIVE YEARS** *of Meritorious Service to the community in the employ of the County of San Diego*

MDCCCLI

October 17, 1960
Date

Frank A. Gibson
Chairman, Board of Supervisors

W. W. Stadel MD
Appointing Authority

John W. Turnley
President, Civil Service Commission

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President, Civil Service Commission

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Chairman, Board of Supervisors

W. W. Stadel MD
Appointing Authority

MDCCCLI

October 17, 1960
Date

John W. [illegible]
President, Civil Service Commission

COUNTY OF SAN DIEGO, CALIFORNIA

Award for Service

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Lillie A. Ham

in recognition of **TEN YEARS** *of Continuous Service to the community in the employ of the County of San Diego*

Frank A. Gibson

Chairman, Board of Supervisors

W. H. Stradel MD

Appointing Authority

MDCCCLI

October 17, 1965

Date

John W. Fairly

President, Civil Service Commission

COUNTY OF SAN DIEGO, CALIFORNIA

Award for Service

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to the community in the employ of the County of San Diego

Frank A. Gibson
Chairman, Board of Supervisors

Appointing Authority

October 17, 1965
Date

President, Civil Service Commission

MDCCCLI

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Frank A Gibson
Chairman, Board of Supervisors

W. W. [illegible]
Appointing Authority

John W. [illegible]
President, Civil Service Commission

October 17, 1965
Date

OFFICE OF THE COUNTY TREASURER
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
102 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101

Date June 5, 1968

Mrs. Lillie A. Ham
670 So. Anza
El Cajon, California 92020

The following information has been prepared in compliance with your request of June 3,1968 that this office estimate your monthly retirement allowance based on a retirement date of Nov. 15,1968 .

Retirement as of the above date would entitle you to a monthly allowance of approximately $ 64.91 .

We would like to emphasize that this amount is based on the assumptions that your rate of pay will not fluctuate and your service will remain continuous. It should be employed only as a very general guide in the determination of income subsequent to retirement rather than as a "dollars and cents" guarantee.

The above figure does not include any amounts to which you may be entitled from Social Security. Only the Social Security Administration is qualified to prepare accurate estimated of possible OASDI benefits. We suggest that you contact their local office(3211 Fifth-293-5550)should you desire information of this nature.

We hope that this information will be of use to you in making plans for your retirement and that you will feel free to contact this office if we may be of further assistance.

Yours very truly,

DELAVAN J. DICKSON
COUNTY TREASURER

By Richard H. Jarvis
County Retirement Officer

OFFICE OF THE COUNTY TREASURER
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
102 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101

Date June 5, 1968

Mrs. Lillie A. Ham
670 So. Anza
El Cajon, California 92020

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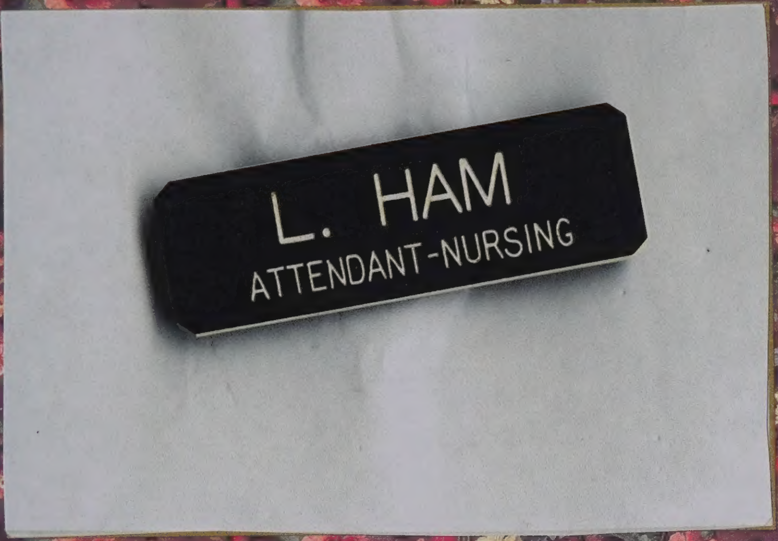
L. HAM
ATTENDANT-NURSING

Retirement Pin

Retirement
Pin

L. HAM
ATTENDANT-NURSING

BOARD OF SUPERVISORS

COUNTY OF SAN DIEGO, CALIFORNIA

In Deepest Sympathy

JUNE 7, 1977

The Board of Supervisors this day adjourned in memory of

LILLIE HAM

Jim Bates
Chairman of the Board

Roger Hedgecock

Thomas D. Hamilton Jr.

Lucille V. Moore

Lee R. Taylor

SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

SAN DIEGO
JAN 22'74
CALIF
U.S. POSTAGE
08
PB METER
339836

WITHHOLDING TAX STATEMENT

1955 Federal Taxes Withheld From Wages

APP. I.R.S. 1-14-55

Copy C — For Employee's Records

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934

Type or print EMPLOYER'S identification number, name, and address above.

3670 SS# 557 18 4505 M

LILLIE A HAM
670 S ANZA
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
Total F.I.C.A. Wages (before payroll deductions) paid in 1955	F.I.C.A. employee tax withheld, if any	Total wages (before payroll deductions) paid in 1955	Federal income tax withheld, if any
NONE		420 00	35 60

Marital Status: 1-Single, 2-Married.

Form W-2
U. S. Treasury Department
Internal Revenue Service

* Excludable Under Section 105 (d)

NOTICE TO EMPLOYEE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,200. Keep this copy as part of your tax records.

Ⓟ E F

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1955 was $600 or more ($1,200 if 65 years of age or over), you must file an income tax return either on Form 1040 or Form 1040A. Copies of these forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should always file a joint return with husband or wife to get the smaller tax or larger refund for the couple.

Filing on Form 1040.—All taxpayers may use Form 1040. Taxpayers who have (1) wages not subject to withholding, taxable dividends and interest, in an amount of more than $100, (2) income from any other source, such as rents, annuities, etc., (3) income of $5,000 or more, or (4) the status of head of a household, widow or widower, and wish to claim the benefits granted such individuals, must use Form 1040. Also, it will generally be to your advantage to file Form 1040 if your deductions amount to more than 10 percent of your income, or if you wish to deduct from your wages, travel, transportation, reimbursed expenses, or business expenses of an outside salesman, or to claim credits against tax with respect to dividends or retirement income.

Filing on Form 1040A.—Form 1040A may be used by an individual if the total income was less than $5,000 and (1) consisted entirely of wages which were subject to withholding and which were reported on Withholding Tax Statements (Forms W-2) or (2) consisted of such wages and not more than $100 total of other wages, taxable dividends and interest.

If you file Form 1040A the Internal Revenue Service will compute the tax from the table provided by law which allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If tax is overpaid, a refund check will be sent. If tax is underpaid, a bill will be sent.

Joint Returns of Married Couples.—To assure any benefit of the split-income provisions, a married couple should file a joint income tax return. All married couples who are eligible to file a joint return may use Form 1040. Only married couples whose combined incomes meet the requirements may use Form 1040A.

FROM

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN.CENTER
SAN DIEGO,CALIF. 92101

SAN DIEGO
JAN 21'76
CALIF.
U.S. POSTAGE
13
PB METER 394920

FIRST CLASS MAIL

TO

[illegible]

HAM LILLIE A
1285 E WASHINGTON SP 27
EL CAJON CA 92020

Form W-2P

Department of the Treasury
Internal Revenue Service

Type or print PAYER'S name address, ZIP code, and Federal identifying number → →

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN.CENTER
SAN DIEGO,CALIF. 92101

Statement for Recipients of Annuities, Pensions, or Retired Pay

1975

Copy B
File with recipient's FEDERAL tax return if tax was withheld

PAYER'S State identifying number

Recipient's social security number 557-18-4505	1 Federal income tax withheld	2 Gross amount of Annuity, Pension, or Retired Pay [illegible]	3 Taxable amount of Annuity, Pension, or Retired Pay
		4 Gross amount reportable as wages by disability retiree under retirement age	5 Amount excludable as sick pay by disability retiree under retirement age

6 State income tax withheld	7 State abbreviation	8 State code

HAM LILLIE A
1285 E WASHINGTON SP 27
EL CAJON CA 92020

Type or print RECIPIENT'S name, address and ZIP code above.

This information is being furnished to the IRS and appropriate State officials.

Form W-2P

Department of the Treasury
Internal Revenue Service

Statement for Recipients
of Annuities, Pensions,
or Retired Pay

1975

Copy C
For Recipient's Records

Type or print PAYER'S name address, ZIP code, and Federal identifying number → →

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN.CENTER
SAN DIEGO,CALIF. 92101

PAYER'S State identifying number

Recipient's social security number
557-18-4505

1 Federal income tax withheld

2 Gross amount of Annuity, Pension, or Retired Pay
71[illegible].20

3 Taxable amount of Annuity, Pension, or Retired Pay

4 Gross amount reportable as wages by disability retiree under retirement age

5 Amount excludable as sick pay by disability retiree under retirement age

6 State income tax withheld

7 State abbreviation

8 State code

HAM LILLIE A
1285 E WASHINGTON SP 27
EL CAJON CA 92020

Type or print RECIPIENT'S name, address and ZIP code above.

This information is being furnished to the IRS and appropriate State officials.

Form W-2P

Department of the Treasury
Internal Revenue Service

Statement for Recipients of Annuities, Pensions, or Retired Pay **1975**

Copy 2
To be Filed with Recipient's State, City, or Local Income Tax Return

Type or print PAYER'S name address, ZIP code, and Federal identifying number → →

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN.CENTER
SAN DIEGO,CALIF. 92101

PAYER'S State identifying number

Recipient's social security number 551-18-4505	1 Federal income tax withheld	2 Gross amount of Annuity, Pension, or Retired Pay [illegible]	3 Taxable amount of Annuity, Pension, or Retired Pay
		4 Gross amount reportable as wages by disability retiree under retirement age	5 Amount excludable as sick pay by disability retiree under retirement age

6 State income tax withheld	7 State abbreviation	8 State code

HAM LILLIE A
1285 E WASHINGTON SP 27
EL CAJON CA 92020

Type or print RECIPIENT'S name, address and ZIP code above.

Employee's copy and employer's copy compared ☐

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of
Annuities, Pensions or Retired Pay

1974

Copy B - File With
Recipient's FEDERAL
Tax Return If Tax
Was Withheld

PAYER'S State Identifying Number

FEDERAL INCOME TAX INFORMATION

	Annuity, Pension, or Retired Pay		Disability Retirees under Retirement Age	
1 Federal Income Tax Withheld	2 Gross Amount	3 Taxable Amount	4 Gross Amount	5 Amount Excludable As Sick Pay
	682.23			

RECIPIENT'S identifying number. ▶ 557-18-4505

35794

LILLIE A HAM
670 SOUTH ANZA
EL CAJON CA 92020

Type or print RECIPIENT'S name, address and ZIP code above.

6 State Income Tax Withheld	7 State Abbreviation	8 State Code

This information is being furnished to the Internal Revenue Service and appropriate State officials.

An "X" in the upper left corner indicates this is a corrected form.

Form W-2P

Department of the Treasury - Internal Revenue Service

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of Annuities, Pensions or Retired Pay 1974

PAYER'S State Identifying Number

Copy C - For Recipient's Records

FEDERAL INCOME TAX INFORMATION

	Annuity, Pension, or Retired Pay		Disability Retirees under Retirement Age	
1 Federal Income Tax Withheld	2 Gross Amount	3 Taxable Amount	4 Gross Amount	5 Amount Excludable As Sick Pay
	682.23			

RECIPIENT'S Identifying number. ▶ 557-18-4505

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

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Form W-2P

Department of the Treasury - Internal Revenue Service

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RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of Annuities, Pensions or Retired Pay

1974

Copy 2 - To Be Filed
With Recipient's State, City,
Or Local Income Tax Return

PAYER'S State Identifying Number

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LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

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FOR STATE OR LOCAL USE ONLY

Employee's copy and employer's copy compared . . . . ▶

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of Annuities, Pensions or Retired Pay

1973

Copy 2 - To Be Filed
With Recipient's State
Or City Income Tax Return
FORM W-2P

PAYER'S State Identifying Number

FEDERAL INCOME TAX INFORMATION

	Annuity, Pension, or Retired Pay		Disability Retirees under Normal Retirement Age	
1 Federal Income Tax Withheld	2 Gross Amount	3 Taxable Amount	4 Gross Amount Reportable As Wages or Salary	5 Amount Excludable As Sick Pay
	662.34			

RECIPIENT'S Identifying number. ▶ 557-18-4505

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

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FOR STATE OR CITY USE ONLY

Employee's copy and employer's copy compared .... ▶

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of

Annuities, Pensions or Retired Pay

1973

Copy B - File With
Recipient's FEDERAL
Tax Return If Tax
Was Withheld
FORM W-2P

PAYER'S State Identifying Number

FEDERAL INCOME TAX INFORMATION

▨	Annuity, Pension, or Retired Pay		Disability Retirees under Normal Retirement Age	
1 Federal Income Tax Withheld	2 Gross Amount	3 Taxable Amount	4 Gross Amount Reportable As Wages or Salary	5 Amount Excludable As Sick Pay
	662.34			

RECIPIENT'S Identifying number. ▶ 557-18-4505

6 State Income Tax Withheld	7 State Abbreviation	8 State Code

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

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This information is being furnished by the Internal Revenue Service to appropriate State officials.

An "X" in the upper left corner indicates this is a corrected form.

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101

Type or print PAYER'S Federal Identifying number, name, address and Zip Code above.

Statement for Recipients of
Annuities, Pensions or Retired Pay

1973

PAYER'S State Identifying Number

Copy C - For
Recipient's Records
FORM W-2P

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	Annuity, Pension, or Retired Pay		Disability Retirees under Normal Retirement Age	
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6 State Income Tax Withheld	7 State Abbreviation	8 State Code

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95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101
PAID BY

STATEMENT FOR RECIPIENTS OF ANNUITIES, PROFIT-SHARING DISTRIBUTIONS, ETC. **1972**

Copy B—To be filed with recipient's tax return if tax was withheld

Name of State or City	State or City Tax Withheld

ANNUITIES AND PENSIONS

Federal income tax withheld	Annuity or pension payments		For disability retirees under normal retirement age	
	Gross amount	Taxable amount. Net of a beneficiary's death benefit exclusion (when applicable)	Gross amount reportable as wages or salary	Amount excludable as sick pay
	1,389.43			

RECIPIENT'S social security number ► 557-18-4505

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

PAID TO If the identifying number is not shown above or is incorrectly shown, please give the payer the correct number.

RETIREMENT PLAN AND PROFIT-SHARING DISTRIBUTIONS

This is ☐ or is not ☐ a total distribution.

a. Gross amount at distribution date. (Sum of columns b through g)	Taxable amount paid as	
	b. Capital gain. (For total distributions only.)	c. Ordinary income

Excludable or Tax Deferred Amounts

d. Net employee contributions	e. Life insurance element	f. Net unrealized appreciation in employer's securities	g. U.S. Retirement Bonds or Annuity Contracts[1]

[1] Face amount (for retirement bonds) or cash value (for annuity contracts) in excess of col. d amounts. However if value of annuity is currently taxable to distributee, enter amount taxable as ordinary income, col. c.

Form **W—2P** Department of the Treasury—Internal Revenue Service

95-6099342
SAN DIEGO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
112 COUNTY ADMIN. CENTER
SAN DIEGO, CALIF. 92101
PAID BY

STATEMENT FOR RECIPIENTS OF ANNUITIES, PROFIT-SHARING DISTRIBUTIONS, ETC. 1972

Copy C—For recipient's records

Name of State or City	State or City Tax Withheld

ANNUITIES AND PENSIONS

Federal income tax withheld	Annuity or pension payments		For disability retirees under normal retirement age	
	Gross amount	Taxable amount. Net of a beneficiary's death benefit exclusion (when applicable)	Gross amount reportable as wages or salary	Amount excludable as sick pay
	1,389.43			

RECIPIENT'S social security number ► 557-18-4505

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670 SOUTH ANZA
EL CAJON CA 92020

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a. Gross amount at distribution date. (Sum of columns b through g)	Taxable amount paid as	
	b. Capital gain. (For total distributions only.)	c. Ordinary income

Excludable or Tax Deferred Amounts

d. Net employee contributions	e. Life insurance element	f. Net unrealized appreciation in employer's securities	g. U.S. Retirement Bonds or Annuity Contracts[1]

[1] Face amount (for retirement bonds) or cash value (for annuity contracts) in excess of col. d amounts. However, if value of annuity is currently taxable to distributee, enter amount taxable as ordinary income, col. c.

Form **W-2P** Department of the Treasury—Internal Revenue Service

Instructions

Regular Annuities and Pensions.—For purposes of the filing requirement, regular (non-disability) annuity or pension payments (or disability pensions made after retirement age) are includable in gross income only to the extent of the annual taxable amount.

Disability Annuities and Pensions.—If you are a disability retiree drawing an annuity or pension as a result of prior employment and you have not yet attained normal retirement age, the entire amount of your pension is reportable as **wage or salary income,** on Form 1040, but you are entitled to claim the adjustment for the sick pay exclusion. If you receive amounts attributable to your own contributions or your own premiums through an accident or health plan, or insurance, these amounts are tax-exempt. See **Publication 522,** Adjustments to Income for Sick Pay, for "Other Sickness and Injury Benefits."

Retirement Plan and Profit-sharing Distributions:

Total Distributions.—Certain lump-sum distributions paid within one year on the employee's termination of work or death from a "qualified plan" are classed as "total distributions." If the distribution you receive is a total distribution: (a) A portion of the distribution may qualify for long-term capital gain treatment. This portion is reportable on Schedule D (Form 1040); (b) The portion taxable as ordinary income is eligible for a special "7 times 14 2/7%" averaging rule. This portion should be reported on Form 1040 under Miscellaneous Income and identified as "retirement plan (or profit sharing) lump-sum distribution: ordinary income portion." If you use this special averaging, attach a schedule to the Form 1040 showing your tax computation; (c) in the event the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is tax deferred until you sell the securities.

Net Employee Contributions.—The amounts contributed or considered contributed by the employee (less non-taxable amounts previously distributed to him) are not taxable.

Life Insurance Element.—If you are the beneficiary of a deceased employee, the portion of the distribution which represents life insurance proceeds to the extent it exceeds the cash value of the insurance contract is not taxable.

U.S. Retirement Bonds.—You are not currently taxed on any U.S. Retirement Bonds that may be distributed to you, but the income from these bonds will be taxable (to the extent they exceed the amount you contributed) when you redeem the bonds.

Annuity Contracts.—Generally the annuity contract is not taxable when distributed. Taxation is deferred until receipt of annuity payments.

Death Benefit Exclusion.—If you receive an annuity or retirement (or profit sharing) plan distribution as the beneficiary of a deceased employee (or deceased disability retiree who died prior to attaining retirement age) you may be entitled to a "death benefit exclusion" of up to $5,000.

Taxable amounts shown for retirement plan and profit-sharing distributions (but not for annuities) are without regard to this exclusion. Allocate the exclusion between capital gain and ordinary income (blocks b and c) and include the reduced amounts on your Form 1040.

Note: (1) If the distribution is not a total distribution, no portion qualifies for capital gain treatment. Identify the ordinary income amount on Form 1040 under Miscellaneous Income as "Retirement plan (or profit sharing) distribution"; the special averaging provision moreover does not apply. (2) Many of the tax rules briefly described above are not applicable or differ in the case of self-employed individuals (including owner-employees) and their beneficiaries, for example, the use of "5 times 20%" in lieu of "7 times 14 2/7%" averaging rule and the non-applicability of the death benefit exclusion.

95-6000934 W 60-0930939-001
COUNTY OF SAN DIEGO
SAN DIEGO, CALIFORNIA 92101

STATEMENT FOR RECIPIENTS OF ANNUITIES, PROFIT-SHARING DISTRIBUTIONS, ETC. 1971

PAID BY Name, address, ZIP code, and identifying number.

Copy C—For recipient's records

ANNUITIES AND PENSIONS

Federal income tax withheld	Annuity or pension payments		For disability retirees under normal retirement age	
	Gross amount	Taxable amount[1]	Gross amount reportable as wages or salary	Amount excludable as sick pa
	1,725.75			

RECIPIENT'S social security number ► 557-18-4505

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

PAID TO Recipient's name, address and ZIP code.

RETIREMENT PLAN AND PROFIT-SHARING DISTRIBUTIONS

This is ☐ or is not ☐ a total distribution.

a. Gross amount:[2] cash amount or fair market value at date of distribution (including face value in case of U.S. Retirement Bonds)	Taxable amount paid as b. Capital gain[3]	Taxable amount paid as c. Ordinary income

Excludable or Tax Deferred Amounts

d. Net employee contributions	e. Life insurance element	f. Net unrealized appreciation in employer's securities	g. U.S. Retirement Bonds face amount in excess of amount reported in col.

[1] Net of a beneficiary's death benefit exclusion (when applicable).
[2] Sum of columns b through g. [3] Applicable to total distributions only.

Form **W-2P** Department of the Treasury—Internal Revenue Service

PAYER: See instructions on back of copy D.

Instructions

Filing Requirements.—You will have to file an income tax return for 1971 if you are: (1) a single person with gross income of $1,700 or more; or (2) a married couple entitled to file jointly, with combined gross income of $2,300 or more. These amounts are increased by $600 for each extra personal exemption you and your spouse may have for being age 65 or over in 1971. However, if you are married and file a separate return you are required to file if you have gross income of $600 or more for the year.

Regular Annuities and Pensions.—For purposes of the filing requirement, regular (nondisability) annuity or pension payments (or disability pensions made after retirement age) are includable in gross income only to the extent of the annual taxable amount.

Disability Annuities and Pensions.—If you are a disability retiree drawing an annuity or pension as a result of prior employment and you have not yet attained normal retirement age, the entire amount of your pension is reportable as **wage or salary income,** on Form 1040, but you are entitled to claim the adjustment for the sick pay exclusion. If you receive amounts attributable to your own contributions or your own premiums through an accident or health plan, or insurance, these amounts are tax-exempt. See **Publication 522,** Adjustments to Income for Sick Pay, for "Other Sickness and Injury Benefits."

Retirement Plan and Profit-sharing Distributions:

Total Distributions.—Certain lump-sum distributions paid within one year on the employee's termination of work or death from a "qualified plan" are classed as "total distributions." If the distribution you receive is a total distribution: (a) A portion of the distribution may qualify for long-term capital gain treatment. This portion is reportable on Schedule D (Form 1040); (b) The portion taxable as ordinary income is eligible for a special "7 times 14-2/7%" averaging rule. This portion should be reported on Form 1040 under Miscellaneous Income and identified as "retirement plan (or profit sharing) lump-sum distribution: ordinary income portion." If you use this special averaging, attach a schedule to the Form 1040 showing your tax computation; (c) In the event the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is tax deferred until you sell the securities.

Net Employee Contributions.—The amounts contributed or considered contributed by the employee (less non-taxable amounts previously distributed to him) are not taxable.

Life Insurance Element.—If you are the beneficiary of a deceased employee, the portion of the distribution which represents life insurance proceeds to the extent it exceeds the cash value of the insurance contract is not taxable.

U.S. Retirement Bonds.—You are not currently taxed on any U.S. Retirement Bonds that may be distributed to you, but the income from these bonds will be taxable (to the extent they exceed the amount you contributed) when you redeem the bonds.

Death Benefit Exclusion—If you receive an annuity or retirement (or profit sharing) plan distribution as the beneficiary of a deceased employee (or deceased disability retiree who died prior to attaining retirement age) you may be entitled to a "death benefit exclusion" of up to $5,000.

Taxable amounts shown for retirement plan and profit-sharing distributions (but not for annuities) are without regard to this exclusion. Allocate the exclusion between capital gain and ordinary income (blocks b and c) and include the reduced amounts on your Form 1040.

Note: (1) If the distribution is not a total distribution, no portion qualifies for capital gain treatment. You should identify the ordinary income amount on Form 1040 under Miscellaneous Income as "Retirement plan (or profit sharing) distribution"; the special averaging provision moreover does not apply. (2) Many of the tax rules briefly described above are not applicable or differ in the case of self-employed individuals (including owner-employees) and their beneficiaries, for example the use of "5 times 20%" in lieu of "7 times 14-2/7%" averaging rule and the nonapplicability of the death benefit exclusion.

95-6000934W 69-0930939-001
COUNTY OF SAN DIEGO
SAN DIEGO, CALIFORNIA 92101

PAID BY Name, address, ZIP code, and identifying number.

STATEMENT FOR RECIPIENTS OF ANNUITIES, PROFIT-SHARING DISTRIBUTIONS, ETC. **1971**

Copy B—To be filed with recipient's tax return if tax was withheld

ANNUITIES AND PENSIONS

Federal income tax withheld	Annuity or pension payments		For disability retirees under normal retirement age	
	Gross amount	Taxable amount[1]	Gross amount reportable as wages or salary	Amount excludable as sick pa
	1,725.75			

RECIPIENT'S social security number ► 557-18-4505

LILLIE A HAM 35794
670 SOUTH ANZA
EL CAJON CA 92020

PAID TO Recipient's name, address and ZIP code.

RETIREMENT PLAN AND PROFIT-SHARING DISTRIBUTIONS

This is ☐ or is not ☐ a total distribution.

a. Gross amount:[2] cash amount or fair market value at date of distribution (including face value in case of U.S. Retirement Bonds)	Taxable amount paid as	
	b. Capital gain[3]	c. Ordinary income

Excludable or Tax Deferred Amounts

d. Net employee contributions	e. Life insurance element	f. Net unrealized appreciation in employer's securities	g. U.S. Retirement Bonds face amount in excess o amount reported in col. d

---

[1] Net of a beneficiary's death benefit exclusion (when applicable).

[2] Sum of columns b through g. [3] Applicable to total distributions only.

Form **W-2P** Department of the Treasury—Internal Revenue Service

PAYER: See instructions on back of copy D.

Department of the Treasury - Internal Revenue Service

Form 1099—U.S. INFORMATION RETURN FOR CALENDAR YEAR 1971

(Please keep this copy—Do not attach to your income tax return)

Copy B
For Payee

2

	INTEREST					
1. GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCKS	2. EARNINGS FROM SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, ETC.	3. OTHER INTEREST. DO NOT INCLUDE AMOUNTS REPORTABLE IN COLUMN 2	4. PATRONAGE DIVIDENDS AND CERTAIN OTHER DISTRIBUTIONS BY COOPERATIVES	5. RENTS AND ROYALTIES	6. OTHER FIXED OR DETERMINABLE INCOME.	7. COMMISSIONS, FEES, PRIZES AND AWARDS, ETC., TO NONEMPLOYEES, AND FOREIGN ITEMS. (NO FORM W-2 ITEMS)
	$ 22.84					

Type or print taxpayer identifying number → 557 - 18 - 4505

3579414

HAM LILLIE A
670 SOUTH ANZA
EL CAJON CA
92020

TO WHOM PAID If the identifying number is not shown above or is incorrectly shown, please furnish the correct number for this account to the payer. (OVER)

S.D. COUNTY EMPLOYEES CR.UN.
5555 MILDRED STREET
SAN DIEGO, CALIFORNIA
92110

95-1184903

BY WHOM PAID (Name, address (include ZIP code), and identifying number)

PRINTED BY THE STANDARD REGISTER COMPANY, U.S.A.

A copy of this form has been forwarded to the Internal Revenue Service.

Please keep this copy for your records. Do not attach it to your income tax return.

Department of the Treasury - Internal Revenue Service

Form 1099—U.S. INFORMATION RETURN FOR CALENDAR YEAR 1970

(Please keep this copy—Do not attach to your income tax return)

Copy B
For Payee

	INTEREST					
1. GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCKS	2. EARNINGS FROM SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, ETC.	3. OTHER INTEREST. DO NOT INCLUDE AMOUNTS REPORTABLE IN COLUMN 2	4. PATRONAGE DIVIDENDS AND CERTAIN OTHER DISTRIBUTIONS BY COOPERATIVES	5. RENTS AND ROYALTIES	6. ANNUITIES, PENSIONS AND OTHER FIXED OR DETERMINABLE INCOME.	7. COMMISSIONS, FEES, PRIZES AND AWARDS, ETC., TO NONEMPLOYEES, AND FOREIGN ITEMS. (NO FORM W-2 ITEMS)
	$ 16.28					

Type or print taxpayer identifying number → 557 - 18 - 4505

3579414

HAM LILLIE A
670 SOUTH ANZA
EL CAJON CA
92020

S.D.COUNTY EMP. CREDIT UNION
5555 MILDRED STREET
SAN DIEGO. CALIF.
92110
95-1184903

TO WHOM PAID If the identifying number is not shown above or is incorrectly shown, please furnish the correct number for this account to the payer. (OVER)

BY WHOM PAID (Name, address (include ZIP code), and identifying number)

Individual Income Tax Return Requirements

A copy of this form has been forwarded to the Internal Revenue Service.

If you are required to file an income tax return, forms may be obtained from any Internal Revenue Service office.

The return must be filed by the payee on or before April 15, 1971, with the Internal Revenue office designated in the return instructions.

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101

U. S. INFORMATION RETURN 1970

(See instructions on Form 1096)

BY WHOM PAID
NAME, ADDRESS (INCLUDE ZIP CODE), AND IDENTIFYING NUMBER

Copy B
For Payee

1	2	3	4	5	6	7
					1,691.94	

Type or print taxpayer identifying number → 557-18-4505

LILLIE A HAM
670 SOUTH ANZA
EL CAJON CA 92020

TO WHOM PAID If the identifying number is not shown above or is incorrectly shown, please furnish the correct number for this account to the payer. (OVER)

CODE DESCRIPTION

1. GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK.
2. EARNINGS FROM SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, ETC.
3. OTHER INTEREST. DO NOT INCLUDE AMOUNTS REPORTABLE IN COLUMN 2.
4. PATRONAGE DIVIDENDS AND CERTAIN OTHER DISTRIBUTIONS BY COOPERATIVES.
5. RENTS AND ROYALTIES.
6. ANNUITIES, PENSIONS, AND OTHER FIXED OR DETERMINABLE INCOME.
7. COMMISSIONS, FEES, PRIZES AND AWARDS, ETC., TO NONEMPLOYEES, AND FOREIGN ITEMS. (NO FORM W-2 ITEMS).

Form 1099

U.S. Treasury Department, Internal Revenue Service

Individual Income Tax Return Requirements

A copy of this form has been forwarded to the Internal Revenue Service.

If you are required to file an income tax return, forms may be obtained from any Internal Revenue Service office.

The return must be filed by the payee on or before April 15, 1971, with the Internal Revenue office designated in the return instructions.

95-600934W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101
69-0930939-001

Type or print EMPLOYER'S identification number, name, and address above

WAGE AND TAX STATEMENT 1967

Copy C - For Employee's Records

[1] Includes tips reported by employee. This amount is before payroll deductions or "sick pay" exclusions.

[2] **Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.**

[3] The social security (F.I.C.A.) rate of 4.4% includes .5% for Hospital Insurance Benefits and 3.9% for old-age, survivors, and disability insurance.

[4] Includes tips reported by employee.

INCOME TAX INFORMATION					SOCIAL SECURITY INFORMATION	
FEDERAL INCOME TAX WITHHELD	WAGES[1] PAID SUBJECT TO WITHHOLDING IN 1967	OTHER COMPENSATION[2] PAID IN 1967	1 SING. 2 MARR.	NO. OF DEPENDENTS	FICA EMPLOYEE TAX WITHHELD[3]	TOTAL FICA WAGES PAID IN 1967[4]
722 98	5,011 44				220 55	5,01144

557-18-4505

LILLIE A HAM
670 S ANZA ST
EL CAJON CA 92020

Type or print EMPLOYEE'S social security number, name, and address above

STATE INCOME TAX	CITY TAX WITHHELD	TOTAL WAGES SUBJECT TO TAX IF DIFFERENT FROM FEDERAL	FOR NON-RESIDENT EMPLOYEES ENTER STATE EARNINGS
NAME OF STATE		EMPLOYEE NUMBER	
		35794	
UNCOLLECTED EMPLOYEE TAX ON TIPS			* (SICK PAY) EXCLUDABLE UNDER SECTION 105(d)

FORM W-2 - U. S. Treasury Department, Internal Revenue Service APP. I.R.S. 11/16/66 F32

PRINTED BY THE STANDARD REGISTER COMPANY, U.S.A.

INSTRUCTIONS FOR FILING U.S. INCOME TAX RETURN

Who Must File.—If your income in 1967 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment were $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages subject to withholding and not more than $200 of dividends, interest, and other wages.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. The use of the tax table or the standard deduction eliminates the need to list contributions, interest, taxes, losses, medical expenses, child care expenses, and certain miscellaneous deductions. The tax tables and tax computation schedule are provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, (6) you claim deductions for travel, moving, transportation, or "outside salesman" expense, (7) you claim credit for payments on estimated tax or an overpayment from 1966, (8) you claim credit for nonhighway gasoline and lubricating oil taxes, (9) you had unreported tips on which employee "F.I.C.A." tax is due, or (10) your Form W-2 shows an amount as "Uncollected Employee Tax on Tips."

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

EMPLOYER'S FEDERAL IDENT. NO. — **EMPLOYER'S** STATE IDENT. NO.

95-600934[illegible] 69-0930939-001
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101

WAGE AND TAX STATEMENT 1968

Copy C—For employee's records

← Type or print **EMPLOYER'S** identification number, name and address

FORM W-2—U. S. Treasury Department, Internal Revenue Service

FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATUS	GROSS WAGES FOR STATE IF DIFFERENT FROM FEDERAL
FEDERAL INCOME TAX WITHHELD	WAGES[1] PAID SUBJECT TO WITHHOLDING IN 1968	OTHER COMPENSATION[2] PAID IN 1968	F.I.C.A. EMPLOYEE TAX WITHHELD[3]	TOTAL F.I.C.A. WAGES[4] PAID IN 1968	1. SINGLE 2. MARRIED	
753.68	4,952.41		217.91	4,952.41		

Type or print **EMPLOYEE'S** social security number ➜ 557 18 4505

LILLIE A HAM 35794
670 S ANZA ST
EL CAJON CA 92020

M A

Type or print **EMPLOYEE'S** name and address (including ZIP code) above.

NAME OF STATE	STATE FORM NO.	STATE TAX WITHHELD
NAME OF CITY	CITY FORM NO.	CITY TAX WITHHELD
*EXCLUDABLE SICK PAY **UNCOLLECTED EMPLOYEE TAX ON TIPS	**	

[1] Includes tips reported by employee. This amount is before payroll deductions or "sick pay" exclusion.

[2] **Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.**

[3] The social security (F.I.C.A.) rate of 4.4% includes .6% for Hospital Insurance Benefits and 3.8% for old-age, survivors, and disability insurance.

[4] Includes tips reported by employee. If your wages were subject to social security taxes, but are not shown, these wages are the same as wages shown under "Federal Income Tax Information," but not more than $7,800.

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1968 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment were $400 or more, you must file an income tax return. Forms may be obtained from the Internal Revenue Service, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages subject to withholding and not more than $200 of dividends, interest, and other wages.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. The use of the tax table or the standard deduction eliminates the need to list contributions, interest, taxes, losses, medical expenses, child care expenses, and certain miscellaneous deductions. The tax tables and tax computation schedule are provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, (6) you claim deductions for travel, moving, transportation, or "outside salesman" expense, (7) you claim credit for payments on estimated tax or an overpayment from 1967, (8) you claim credit for nonhighway gasoline and lubricating oil taxes, (9) you had unreported tips on which employee "F.I.C.A." tax is due, or (10) your Form W-2 shows an amount as "Uncollected Employee Tax on Tips."

Filing on Form 1040.—Form 1040 may be used by most taxpayers and is designed to report all types of income and deductions. If you are a nonresident alien file Form 1040NR.

the Spiral®

8½ IN. x 7 IN. 68 SHEETS

No. 09-4722 WIDE MARGINAL RULED

COMPOSITION BOOK

49¢

A PRODUCT OF Westab DAYTON, O. 45402

U. S. Treasury Department, Internal Revenue Service

Form 1099—U.S. INFORMATION RETURN FOR CALENDAR YEAR 1968

(Please keep this copy—Do not attach to your income tax return)

Copy B
For Payee

	INTEREST					
1. GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCKS	2. EARNINGS FROM SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, ETC.	3. OTHER INTEREST. DO NOT INCLUDE AMOUNTS REPORTABLE IN COLUMN 2	4. PATRONAGE DIVIDENDS AND CERTAIN OTHER DISTRIBUTIONS BY COOPERATIVES	5. RENTS AND ROYALTIES	6. ANNUITIES, PENSIONS AND OTHER FIXED OR DETERMINABLE INCOME.	7. COMMISSIONS, FEES, PRIZES AND AWARDS, ETC., TO NONEMPLOYEES, AND FOREIGN ITEMS. (NO FORM W-2 ITEMS)
	$ 17.70					

Type or print taxpayer identifying number → 557 - 18 - 4505

3579414

HAM LILLIE A
670 SOUTH ANZA
EL CAJON CA
92020

TO WHOM PAID If the identifying number is not shown above or is incorrectly shown, please furnish the correct number for this account to the payer. (OVER)

S.D.COUNTY EMP. CREDIT UNION
5555 MILDRED STREET
SAN DIEGO, CALIF.
92110
95-1184903

BY WHOM PAID (Name, address (include ZIP code), and identifying number)

INDIVIDUAL INCOME TAX RETURN REQUIREMENTS

An income tax return must be filed by the payee on or before April 15, 1969, with the Internal Revenue office designated in the return instructions if the total income reported on this form, when added to his income from all other sources, amounts to $600 or more ($1,200 or more if he is 65 years of age or over).

AN INCOME TAX RETURN FORM MAY BE OBTAINED FROM ANY DISTRICT DIRECTOR OF INTERNAL REVENUE

A COPY OF THIS FORM HAS BEEN FORWARDED TO THE INTERNAL REVENUE SERVICE

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101
69-0930939-001

Type or print EMPLOYER'S identification number, name, and address above

WAGE AND TAX STATEMENT 1965

Copy C-For Employee's Records

MARITAL STATUS - 1 = SINGLE, 2 = MARRIED

INCOME TAX INFORMATION			STATE INCOME TAX	MARITAL STATUS	SOCIAL SECURITY INFORMATION		CITY OR OTHER TAX
FEDERAL INCOME TAX WITHHELD	WAGES[1] PAID SUBJECT TO WITHHOLDING IN 1965	OTHER COMPENSATION[2] PAID IN 1965			F.I.C.A. EMPLOYEE TAX WITHHELD	TOTAL F.I.C.A. WAGES PAID IN 1965[3]	
493.48	4,201.60				152 36	4201 60	

557-18-4505

35794 LILLIE A HAN
670 S ANZA ST
EL CAJON CA 92020

Type or print EMPLOYEE'S social security number, name, and address above

[1] Before payroll deductions or "sick pay" exclusions.

[2] The block marked "Other compensation" is for use in reporting salary o
other compensation which was not subject to withholding and which wo
heretofore reported on Form 1099. Add this item to wages in figuring th
amount to be reported as wages and salaries on your income tax retur

[3] If your wages were subject to social security taxes, but are not shown
your social security wages are the same as wages shown under "Income Ta
Information," but not more than $4,800.

Keep this copy as part of your tax records.

FORM W-2 - U. S. Treasury Department, Internal Revenue Service

APP. I.R.S. 1-4-65 - F32

* EXCLUDABLE UNDER SECTION 105(d)

INSTRUCTIONS FOR FILING U.S. INCOME TAX RETURN

Who Must File.—If your income in 1965 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment were $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Wage and Tax Statements (Forms W-2) and not more than $200 of dividends, interest, and other wages not subject to withholding.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. The use of the tax table or the standard deduction eliminates the need to list contributions, interest, taxes, losses, medical expenses, child care expenses, and certain miscellaneous deductions. The tax tables and tax computation schedule are provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, or (6) you claim deductions for travel, moving, transportation, or "outside salesman" expense.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

WAGE AND TAX STATEMENT 1966

Copy C – For employee's records

1 Includes tips reported by employee. This amount is before payroll deductions or "sick pay" exclusions.
2 This block is for use in reporting salary or other compensation which was not subject to withholding. See Circular E. **Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.**
3 One-twelfth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance.
4 If your wages were subject to social security taxes, but are not shown, these wages are the same as wages shown under "Income Tax Information," but not more than $6,600.

KEEP THIS COPY AS PART OF YOUR TAX RECORDS

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101
59-9930939-001

Type or print EMPLOYER'S identification number, name, and address above.

Type or print EMPLOYEE'S social security number, name and address below.

557-18-4505

35744 LILLIE A HAM
670 S ANZA ST
EL CAJON CA 92020

STATE NAME	†	No. of Dependents	Employee Number

City or Local Tax	State, City or Local Gross If Different Than Federal Gross	State Income Tax Withheld

INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION	
Federal income tax withheld	Wages[1] paid subject to withholding in 1966	Other compensation[2] paid in 1966	F.I.C.A. employee tax withheld[3]	Total F.I.C.A. wages paid in 1966[4]
586 57	4,388 80		184 36	4,388 80

FORM W-2—U.S. Treasury Department, Internal Revenue Service

RECORD OF FEDERAL, STATE AND CITY OCCUPATIONAL TAX

*Excludable Under Section 105(d)
† 1 or S = Single 2 or M = Married

INSTRUCTIONS FOR FILING U.S. INCOME TAX RETURN

Who must File.–If your income in 1966 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment were $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.–Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages subject to withholding and not more than $200 of dividends, interest, and other wages.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. If your income is $5,000 or more but less than $10,000 you must use the standard deduction and compute your own tax. The use of the tax table or the standard deduction eliminates the need to list contributions, interest, taxes, losses, medical expenses, child care expenses, and certain miscellaneous deductions. The tax tables and tax computation schedule are provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if–(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, or (6) you claim deductions for travel, moving, transportation, or "outside salesman" expense.

Filing on Form 1040.–Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

U. S. INFORMATION RETURN 1968

(See instructions on Form 1096)

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101

BY WHOM PAID
NAME, ADDRESS (INCLUDE ZIP CODE), AND IDENTIFYING NUMBER

Copy B
For Payee

1	2	3	4	5	6	7
					208.62	

Type or print taxpayer identifying number

557-18-4505

LILLIE A HAM
670 SOUTH ANZA
EL CAJON CA 92020

TO WHOM PAID If the identifying number is not shown above or is incorrectly shown, please furnish the correct number for this account to the payer. (OVER)

CODE DESCRIPTION

1. DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK.
2. EARNINGS FROM SAVINGS AND LOAN ASSOCIATIONS, CREDIT UNIONS, ETC.
3. OTHER INTEREST. DO NOT INCLUDE AMOUNTS REPORTABLE IN COLUMN 2.
4. PATRONAGE DIVIDENDS AND CERTAIN OTHER DISTRIBUTIONS BY COOPERATIVES.
5. RENTS AND ROYALTIES.
6. ANNUITIES, PENSIONS, AND OTHER FIXED OR DETERMINABLE INCOME.
7. COMMISSIONS, FEES, PRIZES AND AWARDS, ETC., TO NONEMPLOYEES, AND FOREIGN ITEMS. (NO FORM W-2 ITEMS)

Form 1099

U.S. Treasury Department, Internal Revenue Service

INCOME TAX RETURN REQUIREMENTS

An income tax return must be filed by the payee on or before April 15, 1969, with the Internal Revenue office designated in the return instructions if the total income reported on this form, when added to his income from all other sources, amounts to $600 or more ($1,200 or more if he is 65 years of age or over).

AN INCOME TAX RETURN FORM MAY BE OBTAINED FROM ANY DISTRICT DIRECTOR OF INTERNAL REVENUE

A COPY OF THIS FORM HAS BEEN FORWARDED TO THE INTERNAL REVENUE SERVICE

FORM W-2
U. S. Treasury Department
Internal Revenue Service

WITHHOLDING TAX STATEMENT 1964

Federal Taxes Withheld From Wages

Copy C — For Employee's Records

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

Marital Status: 1-Single, 2-Married

* "Excludable Sick Pay"

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
F.I.C.A. employee tax withheld, if any	Total F.I.C.A. Wages paid in 1964	Federal income tax withheld, if any	Total Wages (Before Payr Deductions or "Sick Pay Exclusion.) Paid in 196
148 35	4091 20	498 47	4091 20
			STATE INCOME TAX WITHHEL

557-18-4505

35794 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800. Keep this copy as part of your tax records.

APP. I.R.S. 12-31-63 (P

INSTRUCTIONS FOR FILING U.S. INCOME TAX RETURN

Who Must File.—If your income in 1964 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment were $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross Income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim dividends received credit or retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, or (6) you claim deductions for travel, transportation, or "outside salesman" expense.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

FORM W-2
U. S. Treasury Department
Internal Revenue Service

WITHHOLDING TAX STATEMENT 1963

Federal Taxes Withheld From Wages

Copy C — For Employee's Records

95-6000934 W
COUNTY OF SAN DIEGO
SAN DIEGO, CALIF. 92101
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

557-18-4505

35794 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

* "Excludable Sick Pay"

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
F.I.C.A. employee tax withheld, if any	Total F.I.C.A. Wages paid in 1963	Federal income tax withheld, if any	Total Wages (Before Payro Deductions or "Sick Pay" Exclusion.) Paid in 1963
143 19	3949 44	0589 20	03949 44
			STATE INCOME TAX WITHHELD

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800.
Keep this copy as part of your tax records.

APP. I.R.S. 11-12-62

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must file.—If your income in 1963 was $600 or more ($1,200 if 65 years of age or over), or your net earnings from self-employment was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim dividends received credit or retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, or (6) you claim deductions for travel, transportation, or "outside salesman" expense.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

WITHHOLDING TAX STATEMENT 1962

Federal Taxes Withheld From Wages

Copy C — For Employee's Records

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIFORNIA
956000934 W
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

557-18-4505 2

35794 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

*Before payroll deductions or "sick pay" exclusion.

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
Total F.I.C.A. Wages (before payroll deductions) paid in 1962	F.I.C.A. employee tax withheld, if any	Total wages* paid in 1962	Federal income tax withheld, if any
3,910.40	122.20	3,910.40	582.14

Excludable Sick Pay		State Income Tax Withheld

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800.

Keep this copy as part of your tax records.

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FORM W-2
U. S. Treasury Department
Internal Revenue Service

APP. I.R.S. 9-18-61

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1962 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim dividends received credit or retirement income credit, (5) you claim "sick pay" exclusion for an amount included in wages shown on this form, or (6) you claim deductions for travel, transportation, or "outside salesman" expense.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

nov.

mis	1,33
curtain, frense	1,30
mis	.53
Postage + Stamps	1291
lock	.93
Paint	2.42
Film	1.26
	7.77
	5.60
Pictures + bulbs	3.74
Shirt	6.35
cable brace	210
flowers	4,22
mis	4.62
	2745

grocerys	$123.16
Rent	97.00
light	92
gas (house)	3.51
cable T.V.	1.00
Phone	14.71
Paper	4.00
car gas	17.55
water	6.87
wash	2.95
medecin	30.85
Postage + Stamps	12.91
Loan	60.00
Shelfs	32.00
21 cooler cleaned & painted	18.00
cloths	6.35
mis	27.45

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

WITHHOLDING TAX STATEMENT 1961

Federal Taxes Withheld From Wages

APP. I.R.S. 11-18-60

Copy C — For Employee's Records

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
Total F.I.C.A. Wages (before payroll deductions) paid in 1961	F.I.C.A. employee tax withheld, if any	Total wages* paid in 1961	Federal income tax withheld, if any
3.910.40	117.30	3.910.40	582.56
Excludable Sick Pay			

557-18-4505

35794 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800.

Keep this copy as part of your tax records.

Form W-2
U. S. Treasury Department
Internal Revenue Service

*Before payroll deductions or "sick pay" exclusion.

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1961 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

Filing on Form 1040W.—Form 1040W is a new 2-page form which may be used if your income consists of salary and wages, regardless of amount, and not more than $200 of dividends and interest. On Form 1040W you may itemize your deductions or take the standard deduction. However, you must make your own computation either from the Tax Table or by using the tax rate schedule.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

WITHHOLDING TAX STATEMENT 1959

Federal Taxes Withheld From Wages

APP. I. R. S. 1-6-59

Copy C — For Employee's Records

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
Total F.I.C.A. Wages (before payroll deductions) paid in 1959	F.I.C.A. employee tax withheld, if any	Total wages (before payroll deductions) paid in 1959	Federal income tax withheld, if any
3,74264	9359	3,74264	42619

557-18-4505 2

3670 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

Form W-2
U. S. Treasury Department
Internal Revenue Service

✻ Excludable Sick Pay

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800.

Keep this copy as part of your tax records.

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INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1959 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 Instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim dividends received credit or retirement income credit, (5) you claim credit for F.I.C.A. (Social Security) employee tax because you had two or more employers who withheld a total of more than $120.00 (See notice on Copy B), (6) if you claim "Sick Pay" exclusion for an amount included in your wages, or (7) you claim deductions for travel, transportation, or "outside salesmen" expense.

Form 1040 may be used by all taxpayers. It will generally be to your advantage to use Form 1040 if your deductions amount to more than 10 percent of your income.

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

WITHHOLDING TAX STATEMENT 1960

Federal Taxes Withheld From Wages

APP. I.R.S. 10-9-59

Copy C — For Employee's Records

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
Total F.I.C.A. Wages (before payroll deductions) paid in 1960	F.I.C.A. employee tax withheld, if any	Total wages (before payroll deductions) paid in 1960	Federal income tax withheld, if any
3,813.20	114.43	3,813.20	480.06

557-18-4505 2

3670 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

Form W-2
U. S. Treasury Department
Internal Revenue Service

* Excludable Sick Pay

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,800.

Keep this copy as part of your tax records.

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1960 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000, you may figure your own tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

Filing on Form 1040W.—Form 1040W is a new 2-page form which may be used if your income consists of salary and wages, regardless of amount, and not more than $200 of dividends and interest. On Form 1040W you may itemize your deductions or take the standard deduction. However, you must make your own computation either from the Tax Table or by using the tax rate schedule.

Filing on Form 1040.—Form 1040 may be used by all taxpayers and is designed to report all types of income and deductions.

WITHHOLDING TAX STATEMENT 1958
Federal Taxes Withheld From Wages

APP. I. R. S. 11-25-57

Copy C — For Employee's Records

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934
69-0930939

Type or print EMPLOYER'S identification number, name, and address above.

	SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION	
	Total F.I.C.A. Wages (before payroll deductions) paid in 1958	F.I.C.A. employee tax withheld, if any	Total wages (before payroll deductions) paid in 1958	Federal income tax withheld, if any
557-18-4505 2	3,408 89	76 70	3,409 00	377 80

3670 LILLIE A HAM
670 S ANZA ST
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above.

Marital Status: 1-Single, 2-Married

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,200.

Keep this copy as part of your tax records.

Form W-2
U. S. Treasury Department
Internal Revenue Service

✲ Excludable Sick Pay

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1958 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her(his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $10,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $200 total of other wages, dividends, and interest.

If you file Form 1040A and your income is less than $5,000 you may figure your tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If your income is $5,000 or more but less than $10,000, you must use the standard deduction and compute your own tax. A tax computation schedule is provided in Form 1040A instructions for this purpose. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 Instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) either husband or wife itemizes deductions, (3) you claim the status of head of household or surviving husband or wife, (4) you claim dividends received credit or retirement income credit, (5) you claim credit for F.I.C.A. (Social Security) employee tax because you had two or more employers who withheld a total of more than $94.50 (See notice on Copy B), (6) if you claim "Sick Pay" exclusion for an amount included in your wages, or (7) you claim deductions for travel, transportation, or "outside salesmen" expense.

Form 1040 may be used by all taxpayers. It will generally be to your advantage to use Form 1040 if your deductions amount to more than 10 percent of your income.

WITHHOLDING TAX STATEMENT 1956 Federal Taxes Withheld From Wages

Copy C-For Employee's Records

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934

Type or print EMPLOYER'S identification number, name, and address above

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,200.

Keep this copy as part of your tax records.

EMPLOYEE NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY INFORMATION		MARITAL STATUS	INCOME TAX INFORMATION	
		TOTAL F.I.C.A. WAGES (BEFORE PAYROLL DEDUCTIONS) PAID IN 1956	F.I.C.A. EMPLOYEE TAX WITHHELD, IF ANY	1-SINGLE 2-MARRIED	TOTAL WAGES (BEFORE PAYROLL DEDUCTIONS) PAID IN 1956	FEDERAL INCOME TAX WITHHELD, IF ANY
3670	557 18 4505	NONE	NONE	2	2,563 17	223 90

EXCLUDABLE UNDER SECTION 105 (D), TAX NOT WITHHELD. ▶		STATE, CITY OR OTHER TAX

LILLIE A HAM
670 S ANZA
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above

FORM W-2, U. S. Treasury Department, Internal Revenue Service

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1956 was $600 or more ($1,200 if 65 years of age or over), you must file an income tax return either on Form 1040 or Form 1040A. Copies of these forms may be obtained from the District Director of Internal Revenue, your employer, bank or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should always file a joint return with husband or wife to get the smaller tax or larger refund for the couple. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $5,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $100 total of other wages, dividends, and interest. **Forms 1040A may not be used**—(1) in making a separate return of a married person domiciled in a community property State, (2) if husband or wife itemizes deductions, (3) if you claim the status of head of household or surviving widow or widower, (4) if you claim dividends received credit or retirement income credit, (5) in claiming credit for overpayments of F.I.C.A. (Social Security) employee tax, (6) if you claim an exclusion for "Sick Pay," or (7) if you claim deductions for travel, transportation, or "outside salesmen" expense.

Taxpayers who may not use Form 1040A must use Form 1040.

If you file Form 1040A the Internal Revenue Service will compute the tax from the table provided by law which allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If tax is overpaid, a refund check will be sent. If tax is underpaid, a bill will be sent.

Filing on Form 1040.—Form 1040 may be used by all taxpayers. It will generally be to your advantage to use Form 1040 if your deductions amount to more than 10 percent of your income.

WITHHOLDING TAX STATEMENT 1957 Federal Taxes Withheld From Wages

Copy C-For Employee's Records

COUNTY OF SAN DIEGO
SAN DIEGO 1, CALIF.
95-W-000934

Type or print EMPLOYER'S identification number, name, and address above

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,200.

Keep this copy as part of your tax records.

EMPLOYEE NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY INFORMATION		MARITAL STATUS	INCOME TAX INFORMATION	
		TOTAL F.I.C.A. WAGES (BEFORE PAYROLL DEDUCTIONS) PAID IN 1957	F.I.C.A. EMPLOYEE TAX WITHHELD, IF ANY	1-SINGLE 2-MARRIED	TOTAL WAGES (BEFORE PAYROLL DEDUCTIONS) PAID IN 1957	FEDERAL INCOME TAX WITHHELD, IF ANY
3670	557 18 4505	NONE	NONE	M	3057 21	309 60
				EXCLUDABLE SICK PAY ▶		STATE, CITY OR OTHER TAX

LILLIE A HAM
670 S ANZA
EL CAJON CALIF

Type or print EMPLOYEE'S social security account no., name, and address above

FORM W-2, U. S. Treasury Department, Internal Revenue Service

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1957 was $600 or more ($1,200 if 65 years of age or over), or your self-employment income was $400 or more, you must file an income tax return. Forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

Filing on Form 1040A.—Form 1040A may be used if your gross income (or the combined income of husband and wife) was less than $5,000 and consisted entirely of wages reported on Withholding Tax Statements (Forms W-2) and not more than $100 total of other wages, dividends, and interest.

If you file Form 1040A you may either compute your tax or let the Internal Revenue Service do it for you. A tax table is provided in Form 1040A instructions for this purpose. This table allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If you compute your tax any balance due must be paid in full with the return. If the Service computes the tax for you and there is an underpayment, a bill will be sent to you. In any case where there is an overpayment a refund check will be sent to you.

File Form 1040 Instead of Form 1040A if—(1) you had income from sources other than wages, dividends, and interest, (2) you are a married person domiciled in a community property State and wish to file a separate return, (3) either husband or wife itemizes deductions, (4) you claim the status of head of household or surviving husband or wife, (5) you claim dividends received credit or retirement income credit, (6) you claim credit for overpayments of F.I.C.A. (Social Security) employee tax, (7) you claim an exclusion for "Sick Pay," or (8) you claim deductions for travel, transportation, or "outside salesmen" expense.

Form 1040 may be used by all taxpayers. It will generally be to your advantage to use Form 1040 if your deductions amount to more than 10 percent of your income.

95 - 1795444

Villa View General Hospital Inc
4095 55th St
San Diego 15 Calif

WITHHOLDING TAX STATEMENT

1955 Federal Taxes Withheld From Wages

Copy C—For Employee's Records

Type or print EMPLOYER'S identification number, name, and address above.

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION		S-SINGLE M-MARRIED
$	$ .16	$ 8.00	$ None	M
Total F.I.C.A. Wages (before payroll deductions) paid in 1955.	F.I.C.A. employee tax withheld, if any.	Total Wages (before payroll deductions(paid in 1955.	Federal Income Tax withheld, if any.	

APP. I.R.S. 1-14-55

557 18 4505
Lillie Ham
670 So Anza
El Cajon Cal

$

Excludable sickness or injury payments.

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION", but not more than $4,200.

Keep this copy as part of your tax records.

Type or print EMPLOYEE'S social security account no., name, and address above.

FORM W-2—U. S. Treasury Department, Internal Revenue Service

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1955 was $600 or more ($1,200 if 65 years of age or over), you must file an income tax return either on Form 1040 or Form 1040A. Copies of these forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should always file a joint return with husband or wife to get the smaller tax or larger refund for the couple.

Filing on Form 1040.—All taxpayers may use Form 1040. Taxpayers who have (1) wages not subject to withholding, taxable dividends and interest, in an amount of more than $100, (2) income from any other source, such as rents, annuities, etc., (3) income of $5,000 or more, or (4) the status of head of a household, widow or widower, and wish to claim the benefits granted such individuals, must use Form 1040. Also, it will generally be to your advantage to file Form 1040 if your deductions amount to more than 10 percent of your income, or if you wish to deduct from your wages, travel, transportation, reimbursed expenses, or business expenses of an outside salesman, or to claim credits against tax with respect to dividends or retirement income.

Filing on Form 1040A.—Form 1040A may be used by an individual if the total income was less than $5,000 and (1) consisted entirely of wages which were subject to withholding and which were reported on Withholding Tax Statements (Forms W-2) or (2) consisted of such wages and not more than $100 total of other wages, taxable dividends and interest.

If you file Form 1040A the Internal Revenue Service will compute the tax from the table provided by law which allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If tax is overpaid, a refund check will be sent. If tax is underpaid, a bill will be sent.

Joint Returns of Married Couples.—To assure any benefit of the split-income provisions, a married couple should file a joint income tax return. All married couples who are eligible to file a joint return may use Form 1040. Only married couples whose combined incomes meet the requirements may use Form 1040A.

Dollie D. Davis DBA 95-1696585
El Cajon Manor
120 W. Lexington
El Cajon, Calif.

Type or print EMPLOYER'S identification number, name, and address above.

WITHHOLDING TAX STATEMENT

1955 Federal Taxes Withheld From Wages

Copy C—For Employee's Records

SOCIAL SECURITY INFORMATION		INCOME TAX INFORMATION		
$ 579.05 Total F.I.C.A. Wages* paid in 1955	$ 11.62 F.I.C.A. employee tax withheld, if any	$ 579.05 Total Wages* paid in 1955	$ 25.10 Federal Income Tax withheld, if any	

557-18-4505
Lillie Ham
670 S. Anza
El Cajon, Calif.

NOTICE: If your wages were subject to Social Security taxes, but are not shown, your Social Security wages are the same as wages shown under "INCOME TAX INFORMATION," but not more than $4,200.

Keep this copy as part of your tax records.

Type or print EMPLOYEE'S social security account no., name, and address above.

*Before payroll deductions.

o9—16—70928-1

FORM W-2—U. S. Treasury Department, Internal Revenue Service

INSTRUCTIONS FOR FILING U. S. INCOME TAX RETURN

Who Must File.—If your income in 1955 was $600 or more ($1,200 if 65 years of age or over), you must file an income tax return either on Form 1040 or Form 1040A. Copies of these forms may be obtained from the District Director of Internal Revenue, your employer, bank, or post office.

A single person with income of less than $600 ($1,200 if 65 years of age or over) should file a return to get a refund if tax was withheld. A married person with income less than her (his) own personal exemption(s) should always file a joint return with husband or wife to get the smaller tax or larger refund for the couple.

Filing on Form 1040.—All taxpayers may use Form 1040. Taxpayers who have (1) wages not subject to withholding, taxable dividends and interest, in an amount of more than $100, (2) income from any other source, such as rents, annuities, etc., (3) income of $5,000 or more, or (4) the status of head of a household, widow or widower, and wish to claim the benefits granted such individuals, must use Form 1040. Also, it will generally be to your advantage to file Form 1040 if your deductions amount to more than 10 percent of your income, or if you wish to deduct from your wages, travel, transportation, reimbursed expenses, or business expenses of an outside salesman, or to claim credits against tax with respect to dividends or retirement income.

Filing on Form 1040A.—Form 1040A may be used by an individual if the total income was less than $5,000 and (1) consisted entirely of wages which were subject to withholding and which were reported on Withholding Tax Statements (Forms W–2) or (2) consisted of such wages and not more than $100 total of other wages, taxable dividends and interest.

If you file Form 1040A the Internal Revenue Service will compute the tax from the table provided by law which allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. If tax is overpaid, a refund check will be sent. If tax is underpaid, a bill will be sent.

Joint Returns of Married Couples.—To assure any benefit of the split-income provisions, a married couple should file a joint income tax return. All married couples who are eligible to file a joint return may use Form 1040. Only married couples whose combined incomes meet the requirements may use Form 1040A.

U. S. GOVERNMENT PRINTING OFFICE c9—16—70928-1

Dec. 1975

Grocery	Bills 117.29		med	water
4.79	Rent	9700	6.39	458
1698	light	12.80	1.09	458
830	gas	6.79	748	916
185				
383	cable	1.00		
1000	car gas	11.54		
45.75				
26.11	loan	6000		wash
1191	Phone	1471		.70
8377	Insurance	106.65		
2134				
105.11	Paper	4.00		
3.98	Trailer lic	2900		
10909				
		Doctor	car gas	
		15.00		
	224 90			
	242.60			
none	$ 67.41			
	534 91			

mis

mis.	97 392
Soy	x 232
gift	5.00 x
Pictures	318
Plant food, shower hose	5.17
Rug	198

groceries	109.09
lights	12.80
gas	6.78
Rent	97.00
cable	1.00
water	9.16
wash	70
Phone	13.06
Paper	4.00
car gas	
medicin	7.48
Doctor	15.00
loan	10, 60.00
Ins	101.65
trailer lic	28.00
clothes	2.32
gifts	5.00
mis	15.17
Ins	250.00
trailer lic	29.00

[illegible]

~~Dec~~. ~~1975~~ Jan. 1976

Grocery
13.55
5.98
7.41
1.82
28.76
30 10
22 19
81.05
1337
559
2389
123.90
1.03
124 93

Bills		med.
Rent	97.00	8.03
light	14.50	
gas	10.35	
cable	1.00	
car gas	—	
loan	60.00	
Phone	13.06	

water

8.	4.58
22	229
	187

wash
$

2	.65
7.	60
10	60
20	65 2.50
27	85
	335
	55
	3.90

car gas

13.	8.65

Doctor
$ 15.00

242.60
224 90
67 41
534 91

HR 40.00

mis.

Pictures	4,87
Paint sand paper light bulbs	3,48
Xmas gift	8,42 x
basket, mat, Pitcher	6,36
Broom	5,87
door roller. filter	,35 6,64
hose	x 5,30
Stamps	13,75

grocery	124,93
Rent & cable	98,00
gas	10 35
lights	14 58
phone	16 49
Paper	4 58
water	6,87
wash	3,96
car gas	8,65
Doctor	15,00
medicine	8,03
gifts	8 42
loan	60,00
cloths	5,38
Stamps	13,75
mis	27,57

9124.81
7-40.57

Feb 1976

grocery	Bills		medecan	water
g 53.2 5.26	Rent + cable	98.00	2.73	5 2.29
9.87	lights	14.61	28.07	20 4.58
1.82 19.20	gas	12.20	1.58	6.87
7.73	Phone	16.49	11 5.05 37.43	
15.23	car gas	8.65		
59.11	loan	60.00		wash
7.72 4.01	Paper	4.50		3. 60
33.12	Doctor glasses →	15.00 20.50		10 .90
103.96				17 90
				24 95
			car gas 1130	335

16
- 25
634.41
Tax refund 35.00
Ins 64.50
534.91
.243.60
224.90
67.41

H.R. 38.38

mis	
	x 2,12
material & thread Sox	x 6,30
Pictures	1,90
Panties	x 2,65
shirt truck Pants shoes sock	1,05 x 13,59 x 3,18 x
Postage	1,91
Snaps + Powder	1,99
Roof repair	3,00
gown 350	2,95 x
material tape buttons 227	5,77
Vase. Paint	2,66
shades	2,54 17,79
toy	1,36 x
Plant food + hanger	2,41

grocery	103,96
Rent + cable	98,60
lights	14,61
gas	12,20
Phone	9,30
Paper	4,50
~~[illegible] clothes~~ mis	16,04
medicine	37,43
Doctor	35,50
wash	3,35
water	6,87
car gas	11,30
Loan	60,00
cloths	14,57
gifts	19,18
hair cut	4,50 3,00
Feb. 20 Roof $ total 179,95	100,00
Shades	20,33

march

17176

grocerys	Bills		medican	wash
13.40 13.15	Rent & cable	98.00	5.03	2 90
18.74	gas	9.26	8.68	8. 95
20.67	lights	14.50	2.00	16 1.45
1.39	Phone	9.30	12.90	23 90
1.90	loan	60.00	$28.61	29 90
55.87	Paper	4.50		510
1.52	car gas	11.30		
57.39	Roof	40.00		
18.58				
75.97				
1.36				
13.95				
23.16				
114.47				
97				
15.98				
131.39				
42.36				
173.75				

water

4.58
229
687

Doctor

15.00
30.00
45.00

oil 1.01

gas

630
810
1440

Ins Return 250.00

242.60
224.90
67.16
534.66

HR
36.00

mis

Brackets	o 13.64
Tarnish + mirror	4 22
Canvas + lace	2 84
Cards, snaps, pin cord, flowers	4 66
Pictures	2,21 x
Shirts	245 x
flowers + Pot plants	1 27 2.68 .49
Drills + labor	13.33
shelfs	o 3 07 o 15.40
Screw driver	1.68
Ribbon + Pen	1.90

groceries	173.75
Rent + cable	98 00
gas + lights	23.76
Phone	16.37
Paper	4.50
water	6.87
wash	5.10
loan	60.00
medicine	28 61
doctor	45.00
clothes	—
gifts	4 66
car gas + oil	14.40
Roof	40.00
awning. window	41.86
Bracket + Shelfs 32.72	~~3.07~~ ~~29.04~~
Drills + labor awning	13 33
mis	19.84

april 1976

grocerys	Bills	120.69	medical	cooter
6.45	Rent + cable	98.00	3 1.78	1 2 2 4.58
17 43	lights	13.46	14.97	16 2.29
13 60	gas	9.23	4 64	30 4.58
10.85	Phone	16.37	70 2209	11.45
48 33 1.15	Paper	4.50		wash
4948	car gas	14.40		6 90
19 49	loan	60.00		11 65
6897 3313	Roof	39.95		95
1749				85
11961				65
1334				4.00
132.95				

	gas	
56466	8.11	
30.00	20 1.06	Doctor
534 66	9.16	15.00
224.90		
242 68		
67 16		

HR.

may 1974

mis	
	x 4.27
material Brode. cord	2 37
gum	4.85
flower pot	1.06
shail pellet	.94
hair oil - vase - hand cream - cards - spray	6.86
shees gown panties	x ~~8 4~~ 8 42
film Pictures	2.23 1.26
hat	x 84
Seed, pot soil	2.19

grocery	132.95
Rent + cable	98.00
light	13.46
gas	9.23
phone	12.51
paper	4.50
water	11 45
wash	4.00
car gas & oil	9 16
Doctor	15 00
medicon	22 09
loan	60.00
~~roof~~ clothes	21 98
~~clothes~~ roof	39.95
gifts	—
mis	21.86

may

gracery
23 87
1.63
14,59
7,43
1 37
48.83
21 3,3
70.16
9 44
78
15 93
96.31
23
22 15
6,84
11 40
136,93

$21.54

Rent & cable	98.00
light	14.61
gas	8.93
Phone	12.51
loan	60.00
Paper	4.50
car gas	9.77
Ins.	203.30

medican
16.64
1.64
1.78
5.03
11 67
36.80

water
14 4.58
28 4 58
9.16

wash
3 65
10 85
17 95
24 90
25 30
3.65
60
4 25

Doctor
15.00

gas
8 5.60
15 6 00
11 60

30.00
467.50
68 98
566 48

3000

Slip Chekker	2 1 9 x 4.23
flowers. stirfoam Sequins ball	3.02 5.02 5.30 x
towels. shirts. dishes	34.37 #
hooks, spoons, inter soles	3.36
dishes, seed	3.27 4.86
curtain towels	11.65
material	7.65 x 1.00 x
toy farm towels	9.52
flowers. Picture hangers	1.34 1.43
hair cut	500
Pictures	215
Bath Plant food Plant	1.05 433
Plant ~~flower~~ food	1.68
toys cars	3.39 x
gift, ~~Shirts~~	4.05 x

grocery	136 93
Rent + Cable	98.00
light	14.61
gas	8 93
Phone	16 64
Paper	4.50
water	9.16
wash	4.25
car gas	11 60
Ins	203.30
loan	60,00
Doctor	1500
medicine	36,80
clothes	11 88
gifts	48.11
hair cut	5.00
curtains	11 65
Seed garden food Bath Plants	10.06
mis	23 31
Picture	2.15

June 1975

grocery
3 3 2
9.84
28.55
6.92
5.87
27.12
78.30
3.42
81.72
16.35
4.12
182.19

Rent + cable	98.00
light	12.99
gas	7.54
phone	16.64
paper	4.50
loan	60.00
car gas	11.69

medicar
8 3.27
10 10.50
14.75
28.52

water
14 2.29
4.58
6.87

wash
7 $1.15
14 .60
21 .90
22 .95
28 .60
420

work car
5.26
19.40
24.66

car gas
9 9.60
5.60
15.20

Doctor
2 15.60

536.48
6898

HP 30.00

249.60
224.90

$ 118.53

mis

Stamps + Postage	15.35
Soil	1.84
nicknaks. flower	2.25
flower Pots + vase, Dove	9.55
Plants	1.92
Shirt ②	5 52 x
intersole. hair Pinch	3.24
Carpet 46.55 - 2.48	44.07 ~~29.76~~
shoes	x 4.16
towels	2.10

grocery	102.19
Rent + cable	98.00
light	12.99
gas	7.54
Phone	15 24
Paper	4.50
loan	60.00
water	6.87
wash	4.20
car gas	15 20
Doctor	15.00
medican	28 52
flower Pots, vase nicknaks	15 56
Stamps + Postage	15.35
15. Driver lic.	3.25
carpet	44 07
gifts	5 22
mis.	5.34
Cloths	4.16
work on car	24.66

July

grocery

29.13
21.61
6.75
2.25
5.81
1.75

67.30
15.30
17.65

100.25
7.21
1.75
17.24

12645
950

13595

HR.
30.00

Rent + cable	101.00
lights	13.38
gas	6.04
Phone	15.24
~~water~~ car gas	34.60
Paper	4.50
loan	60.00
Trailer Lic	48.00
Car Lic.	14.00

Ina Dr. Rawn 6.90

68.98
258.10
239.30

56628

Doctor
15.00

med.

1 8.73
2.00
2.39
4.27

1739

car gas
13 10.00
3.52

1352

water

13 7.50
27 500

1250

wash

4 1.20
11 1.25
18 85
22 40
24 35
25 65
28 35
25

530

mis

2 towels 2 cards tablet	4.35	grocery	135.95
253 149 felt merrow innersole	5.85	Rent + cable	161.00
material	x1184	lights + gas	19.42
gifts	160x 565x	phone	17,92
		paper	4.50
		water	12.50
		wash	5,30
		loans	60.00
		Dr.	1500
		medican	1739
		car gas	1352
		Trailer + car lic	62.00
		hair cut	5.50
		oven repair	6154
		car + Trailer lic	62.00
		cloths	11.44
		gifts	7.25
		mis	10,20

aug. 1976

Grocery
20.54
14.07
2.08
16.54
53.23
38
14.28
67.79
3.98
15.93
87.70

Rent + T V	107.00
lights	17.31
gas	5.86
Phone	17.92
Paper	4.50
Car gas	20.12
Car Ins	90.50
~~ed~~ T. V. Ins	30.00
Greenwood	19.00

Dr. Rebun 10.40
566.88
69.48

HR 3000

25810
23950

med.
2 2 2
4 26.64
1.89
1.08
3.02
7.65
40.23
2.02
6.68
48.93

water
10 2.50
14. 5.00
7.50

wash
2. 2.25
8 .60
14 .60
18 60
23 60
27 55
30 60
580

Car gas
6.60
6.88
1348

mis

	4.00x
gifts	3.82x
fork	62
pictures	507
	3.92X
yarn	1.35x
cord + hooks	2.00
sponge rubber	1.04
gifts . Vesta sale sand	8.38x
cloths	x 22.29

groceries		87.70
Rent + Cable		101.00
lights		17.31
gas		5.86
Phone		15.72
paper		4.60
water		7.50
wash		5.80
car gas		13.48
medicare		48.93
loan		60.00
car Ins		90.50
T.V. Ins		30.00
pictures		5.07
gifts		21.47
Greenwood		19.00
cloths	22.29	~~12.29~~
mis		366

Sept 76

grocery	Bills		medican	water
39.26	Rent + cable	101.00	2.01	8. 5.00
1.42 1.75	light	17 90	10.85	2.50
28.53	gas	6 23	12 86	7 5 0
70.96	Phone	15.72		
21 23	loan	60,00		wash
25 05				
117 24	Paper	4.50		6. .60
2 78	Greenwood	19.00		7. .40
1 05 6 72	car gas	6 88		13 1.20
9 39				20 .60
137.10				27 .90
1.75				3 7 0
12.10				
150 95				

-oil
car gas
15. 8.60

566.88
69.48
258.10
239 30

3008

mis	25.59
	– ~~13.00~~
Shoes + Bro	x ~~38.59~~
Cards. Picture frame	1.69
	2.88x
gifts. frogs. Yarn	1.02x
~~mis~~ Dirt 1.37	~~1.69~~
house coat material	4.61 X 4.61
sponge rubber	2.60
Candle Pen Paper	3.41
trash can	5.30
mis.	4.09
	1.00 x
Stuffing. Squirt	2.54
Yarn	2.89 x
shoes	x 6.49
rings curtains	1.58
Pillow foam	2.65X

grocerys	150.95
Rent. + cable	101.00
light	17.90
gas	6.23
Phone	11.20
Paper	4.50
water	7.50
wash	3.70
car gas	8.60
medicare	12.86
loan	60.00
greenwood	19.00
hair cut	5.50
cloths	36.69
gifts	10.44
car work	73.42
trash can	5.30
mis	13.68

Oct. 1976

Grocerys	Bills		med.	water
20.70	Rent & cable	101.00	6 42	6 5.00
22.38	lights	12.28	2.08	20 5.00
12.86	gas	5.32	19 04	10.00
45.94	Phone	11.20	27 54	
26.32				
4 5	car gas	8.60		
72.71	Paper	4.50		wash
4 8				
13 77	loan	60.58		4. 60
16 72	Greenwood	19.08		9 90
2.58				18 95
106.18				22 65
59				27.60
5.44				3.60
112.21				
		car gas		
		8.05		
	564.88	8.64		
	6948	16 69		
	258.10			
30.00	239.30			

mis

	X 1376
shoes blouse gown	x 2.36
	3.22
mis. wire. box liner	1.85
Cake Plate	1.06
	3.73 x
shoes Yarn	2.96 X
	X 4.11
Panties, blouse mat.	X 3.18
material	X 2.88
	39
Yarn	560 x

grocerys	112.21
Rent + cable	101.00
light	1225
gas	5.32
Phone	16.90
water	10.00
Paper	4.50
wash	3.60
medecan	27.54
car gas	16.69
Loan	60.00
Greenwood	19.00
clothes	23.44
hair cut	5.50
gifts	1268
Pictures	10.00
Real Sale	21.19
Postage + Stamps	16.13
mis	6.13

nov.

grocery	Bills		medicin	water
12.75	Rent + Cable	101.00	3.16	4 2.50
31.55	light	15.96	2.01	18 5.00
9.24	gas	5.86	14.67	750
43.64	car gas	1669	606	
1573	Phone	1690	5.35	wash
1521			3125	
224	Paper	4.50		1 .65
76.82	loan	6000		8 90
2023	greenwood	1900		15. 130
107.85				18 95
31.09				22 60
138 14				28 60
				500
		car gas 6.80		
	69.48			
	497.40			
HR.3000	56688			

mis	
cards	.75
hand & face cream	3.69
rollers laundry cart	2.92
Rug & thread	3.25
blouse	x 6.31
vase chain	3.99
Birds	3.70 x

groceries	138 14
Rent & cable	101.00
lights	15.96
gas	5,84
Phone	14,53
Paper	4 50
water	7.50
wash	5 00
car gas	6.80
medican	31 25
loan	60.00
greenwood	19.00
cloths	6 31
gifts	3 70
gas cap	4.23
mis	14.60

Dec.

grocery

2
4.54
32.47
3.13
1.75
34.40

7629
1331

8960

Bills	
Rent & cable	101.00
light	1580
gas	6.92
Phone	1453
paper	4.50
car gas	6.80
loan	60.00
greenwood	1900
hospital	3.50

medicine

1424
9.89
636

3049
1191

4240

water

~~13 1.25~~
5.00
2.50

750

wash

13 1.25
20 .40
27 .65

280

Doctor

15.00
21.50

3650

Phone

3.50

oct car gas

10.93

30.00

6948
4 9940

5 6688

1752
85
1837

mis

toblet + envelops		1.26
Postage	X	4.~~23~~ 85
knit gown		15 87X
gown sax toy		7 17X
hair spray		1.69
Calculators		14.79X
tub rail paper towels 317X	-	14 57 ~~80~~

grocery	89.60
Rent & cable	101.00
lights	15 80
gas	6 92
Phone	32 58
Paper	4 50
water	7.50
wash	2.30
loan	60.00
greenwood	19.00
car gas	10 93
medicare	42 40
cloths	4 23
gifts	42 06
hospital Phone	3.50
flowers	8.00
Oct 15 cover cooler	20.00
Doctor	36 50
total Phone	36.08
mis	18 37

Jan 1977

grocerys	Bills		medicin	water
2,00	Rent + cable	101.00	3,23	4. 5,00
2,99	lights	16,99	5 10,13	18 5,00
42,75	gas	11,70	10,23	10,00
7,26	Phone	32,58	1,79	
2,54	Paper	4.56	9,75	
3,12 1.94	car gas	10,93	35,13	wash
25,32	loan	60.00		3 1,45
21,74	greenwood	1960		10 90
109 66	Doctor	1,500		17 60
				24 90
				27. 35
				420
				31 65
				485

car gas

Inc. 42,60 return

69.48
258,10
239,30
566 88

3000

	88x
mis	62x
	1.79x
towels fotair gifts	4.84x
~~Sitters~~ stor Pins. bird, shoe, bag	4.69
	3.56
Picture	2.47
hair cut	535
& plates .	8.60x
mis. flavor soda Slate Randy	9 94
	3 68x
Xmas toys yarn	20.83x
Stamps	13 00
	2 64x
Vacuum yarn	2 19x
	x 5 26
hose blouse	x 1.06
blouse + yarn	9.81x
adapter	5.25

groceries	109.66
Rent + cable	101.00
lights	16.99
gas	11 70
Phone	1471
Paper	450
water	10.00
wash	4 85
Car gas	—
Doctors	15.00
medicans	35.13
Loan	60.00
Greenwood	19.00
Stamps	1300
gifts	46.00
cloths	6.32
hair cut	5.35
Picture	6.03
adapter	5.25
mis	14.63

Feb, 1977

groceries			medican	water
25.02	Rent + cable	101,00	17.29	1 5.00
2.67	lights	15.48	844	16 5.00
4.24	gas	11.69	1.59	10.00
36.58	phone	14.71	718	
38.51	loan	60.00	3450	
27.83	Green wood	19.00		
2.00				wash
8.38	paper	4.50		6. 95
3.86	Doctor	15.00		17 125
208	car Inc	55,00		21 60
8266	Inc.	202.00		28 70
	work on car	350.00		350
				430
				770

69.48
258.10
239 30
566 88

H.R.
3000

Crochet gown	3.14 X 1.79 X .95
Cards	2.01
Postage	.93
Panties	X 3.18
curtains	9.54
Rug	5.30
cleaning	4.20
trailer washed	37.50
(mis) WD-40 tooth brush	2.34

grocerys	82.66
Rent & cable	10100
lights - 5.74	1584
gas	1169
Phone	20.74
Paper	4.50
water	10.00
3.50 wash & cleaning 4.20	7.70
Doctor	15.00
medicare	34.50
Loan	60.00
Greenwood	19.00
gifts	4.93
cloths	318
Pictures	2.94
Trailer washed	37.50
Ins.	202.68
~~cleaning~~ cleaning	4.20
curtains & Rug	14.84
work on car	350.00
mis.	6.23

march

groceys
1.00
2 50
2 34
3 58
9.42
43.13
52 55
5.58
1 86
52.41
111.60

3000

Bills	
Rent + coble	101.00
lights	16.08
gas	10.00
Phone - 574	15.00 20.74
loan	60.00
Greenwood	19.00
Doctor - [illegible]	15 00

69.48
258 10
239 38
566 88

medicen
12.40
14 92
2732

water
1 2.75
16 5.50
30 5 50
13 75

wash
6 1.20
14 1.00
19. .55
21. .65
28 .65
4.05

car work
10.00

car gas
13.20
10.00

mis

Sheets	8.44
bed	12821

grocery	111.60
Rent + cable	101.00
lights	16.08
gas	10.00
phone	1131
paper	4.50
water	1375
wash	405
medican	27.32
Doctor	15.00
loan	60.00
greenwood	19.50
Bed	128.21
hair cut	5.50
walking cane	7.42
Tupper ware	4.45
bed	128.81
car gas	23.28
car	

Grocerys	Bills		medican	water
14.01	Rent + cable	101.00	6.32	18 5.50
5.80	light	15.13	207	26 825
3.86	gas	8.62	8.12	1375
13.59	Phone	11.31	15.89	
1.70 6.60	Paper	4.50	3240	wash
4556	loan	6000		4 1.00
11.49	Greenwork	19.00		
14.17	Ins. (Trailer)	5000		
7122	Doctor	15.00		

gas

69.48
258.10
30.00 239.30
566.88

	.84 x
card's + toy	73
Pillows + Pad	25.99
Soap Dec gum. shampoo. rince	14.08

grocerys	71.22
Rent + cable	101.00
light	15.13
gas	8.62
Phone	10 09
Paper	4.50
water	13 75
wash	1.00
medicon	32.40
Doctor	15.00.
Loan	60 00
Greenwood	19.00
Ins. Trailer	50.00
Pillows + Pad	25 99
gift	.84
mis	14.81

May 1977

grocerys	Bills		medicon	water
3 3 20 3.50	Rent + cable	106.00	12.34	11. 5.50
2.00 68	light	16.63	4.19	25 5.50
			1653	1100
2.40 85	gas Phone	9.70 1009		
21.15	Paper	4.50		
2.50	loan	6000		
3.00	Greenwood	1900		
1.30	Doctor	1500		
2.60				
9.36				
3.12				
52.46				

gas
6.80

6948
25810
23930
56688

3000

Stamps	13.00
gown	x 5.30
hair cut	5.50
Bed paid 138.81	

grocerys	5246
Rent + cable	107.00
lights	1663
gas	970
phone	17.16
paper	650
water	11.00
loan	6000
Greenwood	1900
Doctor	1500
stamps	1300
car gas	680
hair cut	5.50
medicin	1652
cloths	530

grocery	Bills		medecin	water
	Rent & Cable	116.00		
	light	14 77		
	gas	6 92		
	Phone			
	Paper			
	loan			
	Sears			
	Doctor.			

grocery
Rent + cable
light

gas
Phone

Paper
loan
green wood
Doctor
medican
~~medican~~ water

	income	1972	H.R.	insurance
	2a. 2598.00	Ins.		
aug.	131.96	16.90	155.10	5.80
Sept	181.96		155.10	
Oct	37.08		187.30	
Nov.	626.08		187.30	
Dec.	37.08 20790		187.30	
				Sept 76
				7.30

#5

Rent	97.00
loan Payment	60.00
light + gas	25.00
Phone	15.00
Cable	1.00
Paper	4.00
water	9.00
wash	5.00
groceys	100.00
gas	30.00
H.R.	30.00
cloths	25.00
gifts	25.00
medicin	30.00
Doctor	20.00
mis	25.00
Ins	35.00
	536.00

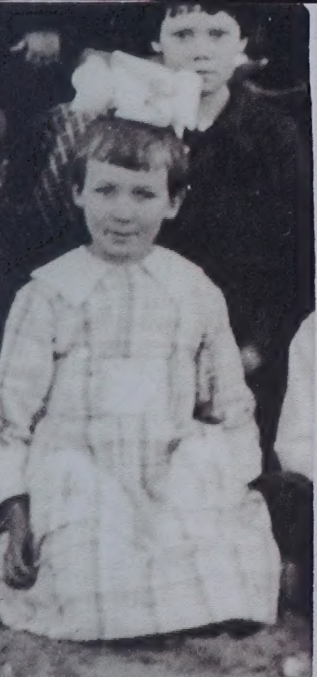
Grocerys	1$\overset{5}{0}$0.00	
Rent	~~97.00~~	100.00
loan	60.00	
L. G.	25.00	
Phone	15.00	
car gas	30.00	
HR	30.00	
cloths	25.00	
gifts	25.00	
Ins	35.00	
Dr	20.00	
medican	30.00	
mis.	25.00	
cable	1.00	
Paper	4.00	4.50
water	9.00	
wash	5.00	
	536.00	
Receive	537.91	
Greenwood	19.00	

2250	37,50	2962,50	1	
22,21	37,79	2924,13	2	
21,93	38,07	2886,06	3	
21,64	38,36	2847,70	4	
21,35	38,65	2809,05	5	
21,06	38,94	2770,11	6	
20,77	39,23	2730,88	7	
20,48	39,52	2691,36	8	
20,18	39,82	2651,54	9	#9
19,88	40,12	261142	10	
19,58	4042	2571,00	11	
19,28	4072	2530,00	12	
18,97	41,03	2488.97	13	
18.66	4134	2447.63	14	
1837	4163	2406.00	15	
18,04	4196	2364.04	16	2364.55
1773	42,27	232177	17	

22,50	37,50	296258
22,21	38,68	292789 2924,82
2193	3807	288675
21,65	3835	288818
2107		280983

Lillie

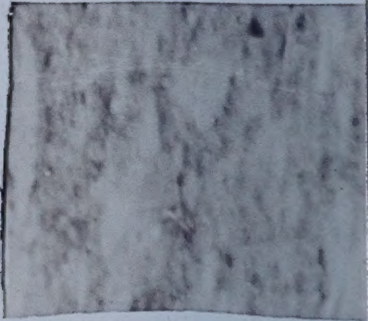
Lillie Alorene
Wood Ham



Lillie
Wood

2nd man from right - back row - Arthur Edward Wood
4th woman from right (next to man w/baby) - 4th row up -
Carrie Wade Wood
5th man from right - 3rd row up - James Caleb Wood
5th woman from left - 3rd row up - Dora Alice Wood
12th child from left - front row - Lillie Aloren Wood

Brice, Texas - 1918
Wood Family



192

Lillie Aloren Wood - 3rd from left

4-H Club sewing winners
Clarendon, Texas 1927

Lillie
Wood

mother

Lillie Wood
Late 1920's
Texas

61

Front row - left to right

Lillie }
A.D. } Wood

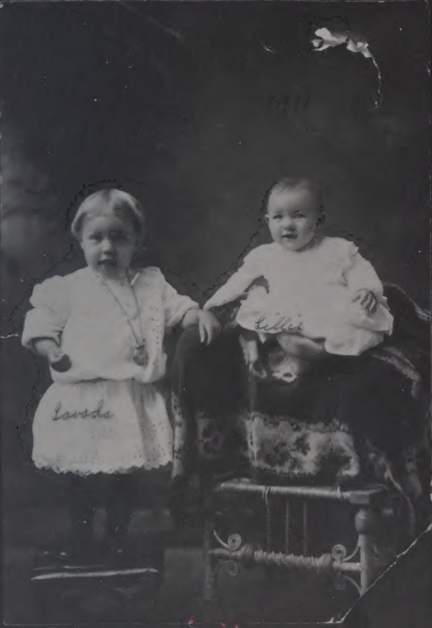
Vernon Littlepage

Back row -

Lavada Wood

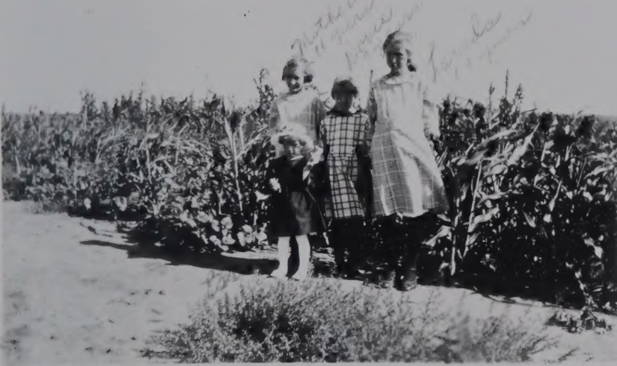
Darso Littlepage

Texas


Lavada
Lillie

Lavada } Wood
Lillie } Wood

1911


Mother
11 years
Bessie
Aunt Kay
[illegible]

Aug. 1921

Lillie
Dovie
Lavada
Essie

Wood

August 1921
Henry County
Texas

Left to right-
man ?
Willie's great aunt Lora
Willie's uncle A.D.
" mother Lillie } Wood
" aunt Lavada
" " Dovie
Willie's great uncle Dewey Littlepage

Texas

Lillie
Dovie
Lavada

1927

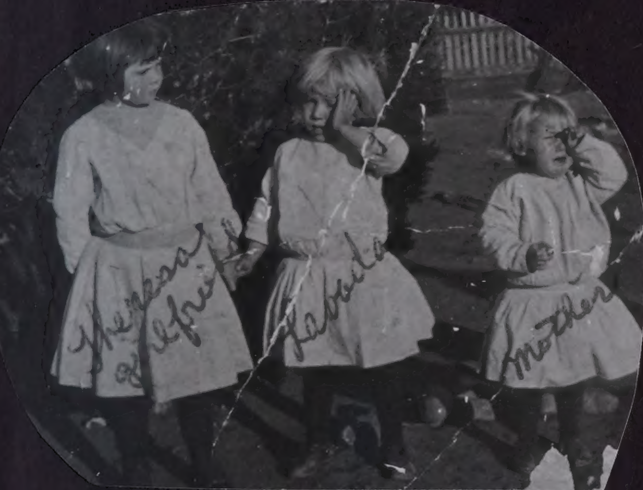
Clarendon, Texas

Far left - Lillie Wood
3rd from left in back is
Dovie Wood
Far right - Lavada Wood

Lillie + Lavada Wood

Back row - left to right
Lillie
Lavada } Wood

Texas


Theresa
Elfried
Lolita
Mother

Theresa (girl friend)
Lavada + Lillie Word
1914
Texas

1913
Lousda
Lilie
E.O.

Lavada
Lillie } Wood
A.D.

1914
Texas

17

1939

Bennielee Aloren Ham
Maryalice Ham
Lillie Aloren Ham
Willie Lee Ham
Donald Lou Ham

38th St.
San Diego, Calif.

other

Lillie Aloren (Wood) Ham

1930 - Texas

1727

Lillie Wood
1927- Texas

Lillie Wood
Late 1920's
Texas

Lillie Aloren Wood
16 years old
1926 - Texas

bh

Lillie Wood in front of car
Ruby Wood (Lillie's best
friend + cousin)
Lavada Wood (Lillie's sister)

1925

Clarendon, Texas

Ruby Wood daughter of
Oscar Perry Wood (James Calif) uncle

1918

Christine
Fern
Freida
Erna

- Frida & Erna - Harn

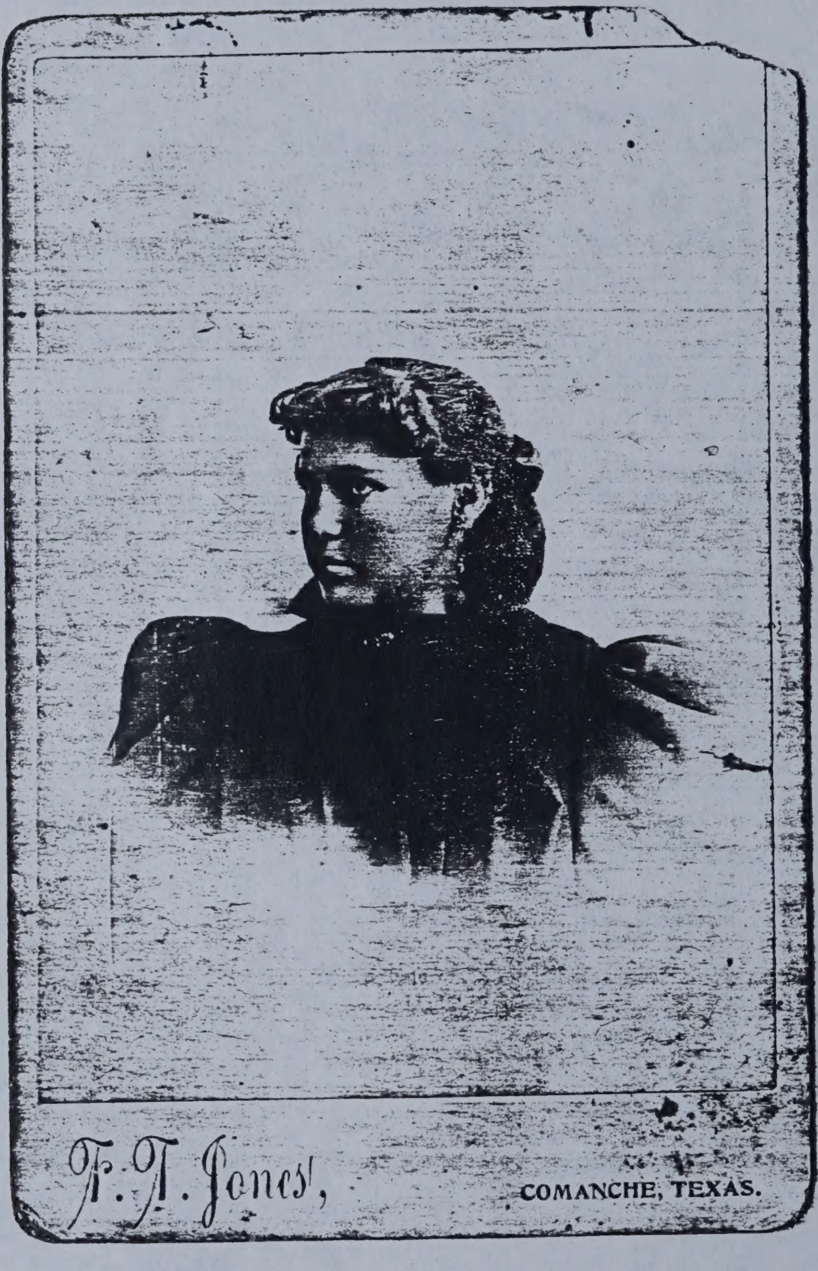
Do you have original?

No I don't have the original

I made a copy + enlarged it off of my copy

That was the best I could do.

Do you have
this original?

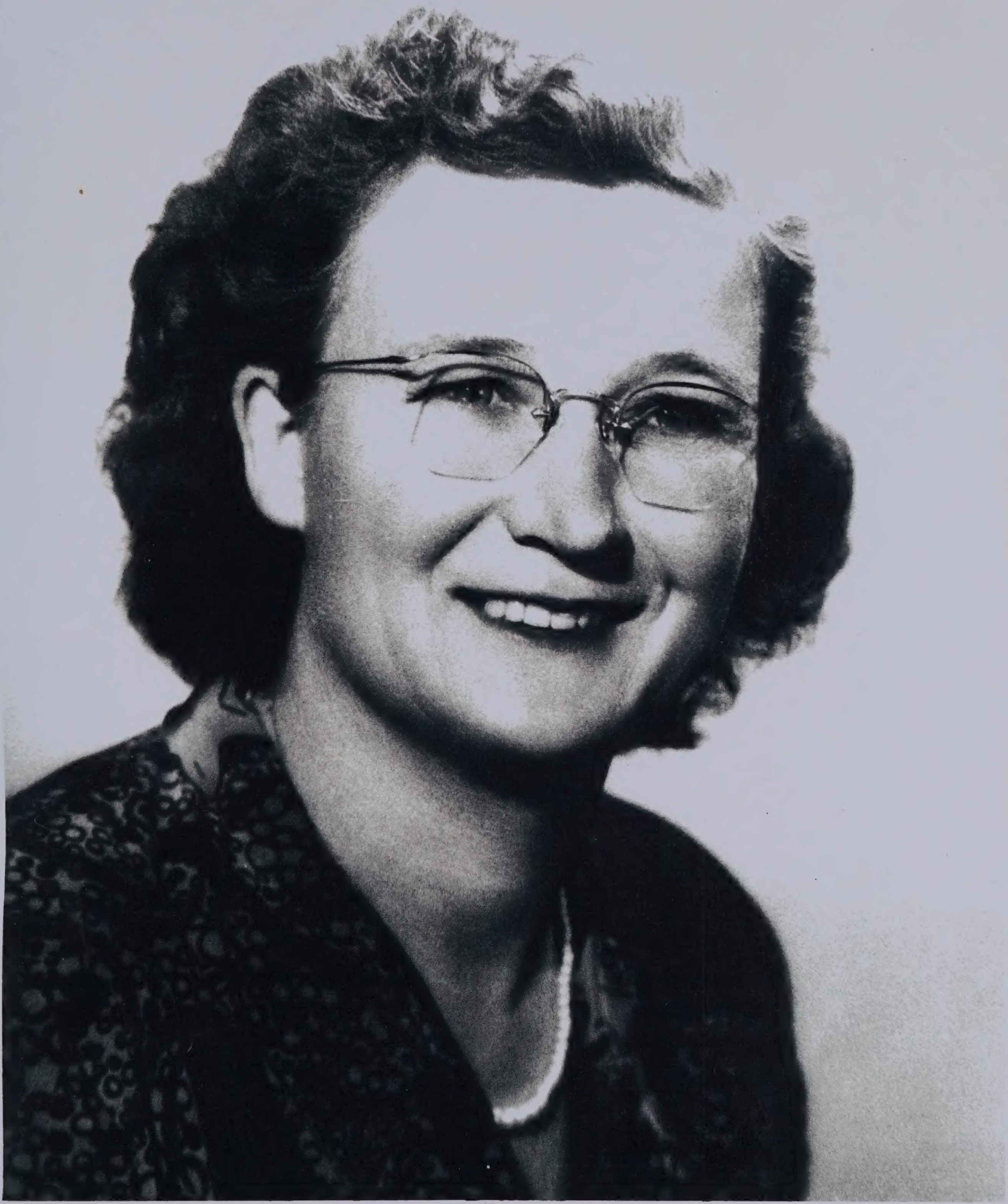

F. T. Jones,
COMANCHE, TEXAS.

need enlargement
175 %
and one regular
size

1953 December

Lillie Aloren (Wood) Ham

San Diego, Calif



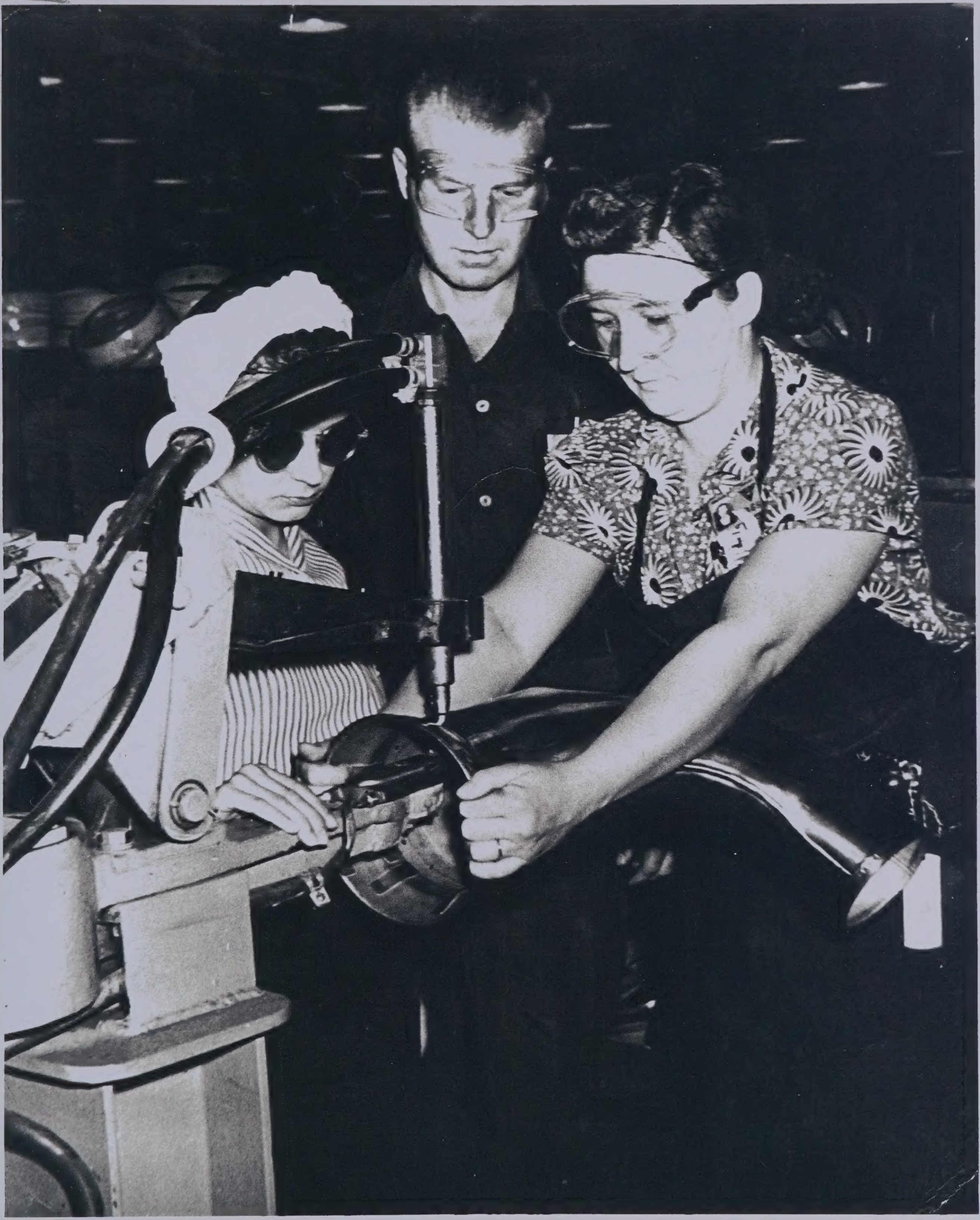
December 1953 – Lillie Aloren (Wood) Ham – San Diego, California.

March 2, 1945
Solar

Mother-Lillie Aloren (Wood) Ham (operating the machine)
Mar. 2, 1945

This picture was released for publicity during World War II from Solar Aircraft Company
San Diego, California

02 March 1945 - Lillie Aloren (Wood) Ham (This picture was released for publicity during World War II for Solar Aircraft Company, San Deigo, California) Lillie was a machine Operator.



02 March 1945 - Lillie Aloren (Wood) Ham (This picture was released for publicity during World War II for Solar Aircraft Company, San Deigo, California) Lillie was a machine Operator.

Left to right-
Naomi Quash
Vina Bishop
Gladys Oakley
Vera Zoffka
Goldbach
Walbridge
Lillie Ham

approx. Oct. 1960

Edgemoor Farm
Santee, Calif

left to right
Quade, Naomi
Bishop, Ura
Oakley, Gladys
Zoffka, Vern
Goldbach
Walbridge
Ham, Lillie

Date approx.
Oct. 1960

Edgemoor Farm
Santee, Calif

Left to right
Naomi Quade
Ilia Bishop
Gladys Oakley
Vern Zoffka
Goldbach
Walbridge
Lillie Ham

approx. Oct. 1960
Edgemoor Farm
Santee, Calif

Left to right-
Naomi Quade
Ulva Bishop
Gladys Oakley
Vern Zoffka
Goldbach
Walbridge
Lillie Ham

approx. Oct. 1960

Edgemoor Farm
Santee, Calif

2263

Herbert Reed Ham
Dec. 1953

San Diego, Calif

Dec. 1953

HOLLYWOOD FOTOLAB
716 North Western Avenue
Hollywood 29, California

2263

Herbert Reed Ham
Dec. 1953

San Diego, Calif

Dec. 1953

HOLLYWOOD FOTOLAB
716 North Western Avenue
Hollywood 29, California

Lillie Aloren Hain
Christmas 1971
670 S. Anza
El Cajon, Calif.

Lillie Aloren Haim
Christmas 1971
670 S. Anza
El Cajon, Calif.

Lilli
Chr

Lillie + Herb Ham

Kodak INKJET PAPER

670 South Anza
El Cajon, California

DEC • 57

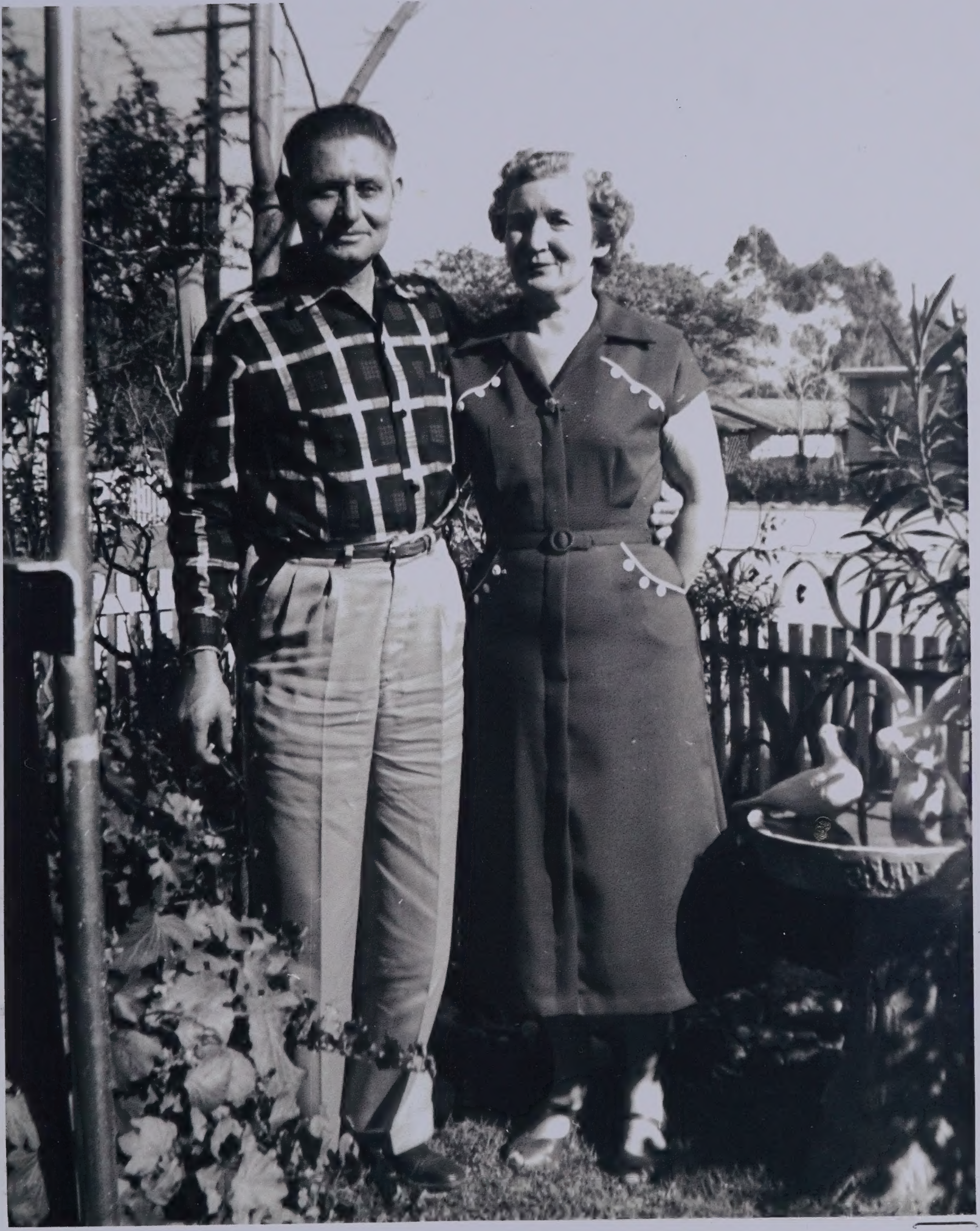
Lillie & Herb Ham

670 South Anza
El Cajon California

From the garden.
Xmas Day 1957.
Herbert & Lillie Ham

670 S. Anza.
El Cajon, Calif

25 December 1957 – Herbert & Lillie Ham - In their garden.
670 South Anza
El Cajon, California



25 December 1957 – Herbert & Lillie Ham – In their garden.
670 South Anza
El Cajon, California

1945

Left to Right—

Willie Lee Ham (Salisbury) Brown 14 yrs old
Maryalice Ham Pittman 8 yrs old
Donald Lou Ham 11 yrs old
Bennielee Ham Horton 15 yrs old

1945 Left to Right — ① Willie Lee (Ham) Salisbury, Brown 14 yrs. old. ② Mary alice (Ham)
Pittman (8 yrs old) ③ Donald Lou Ham (11 yrs old) ④ Bennielee Aloren (Ham) Horton (15 yrs old)

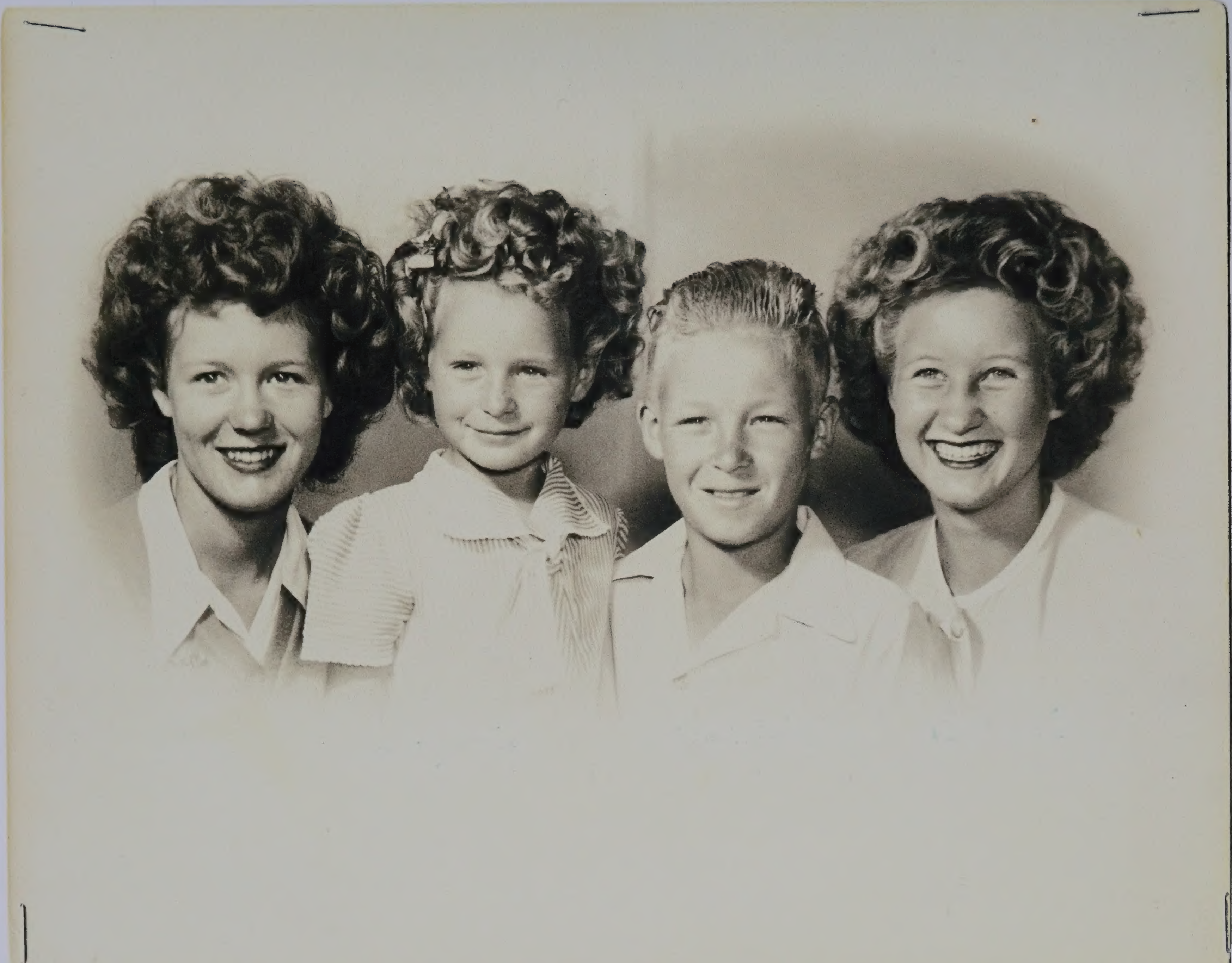
[illegible] Eight

Allen Lee Ham ([illegible]) [illegible] 10 yrs old

Margaret Ham [illegible] 7 yrs old

Donald Lee Ham 11 yrs old

Bernadine Ham [illegible] 8 yrs old



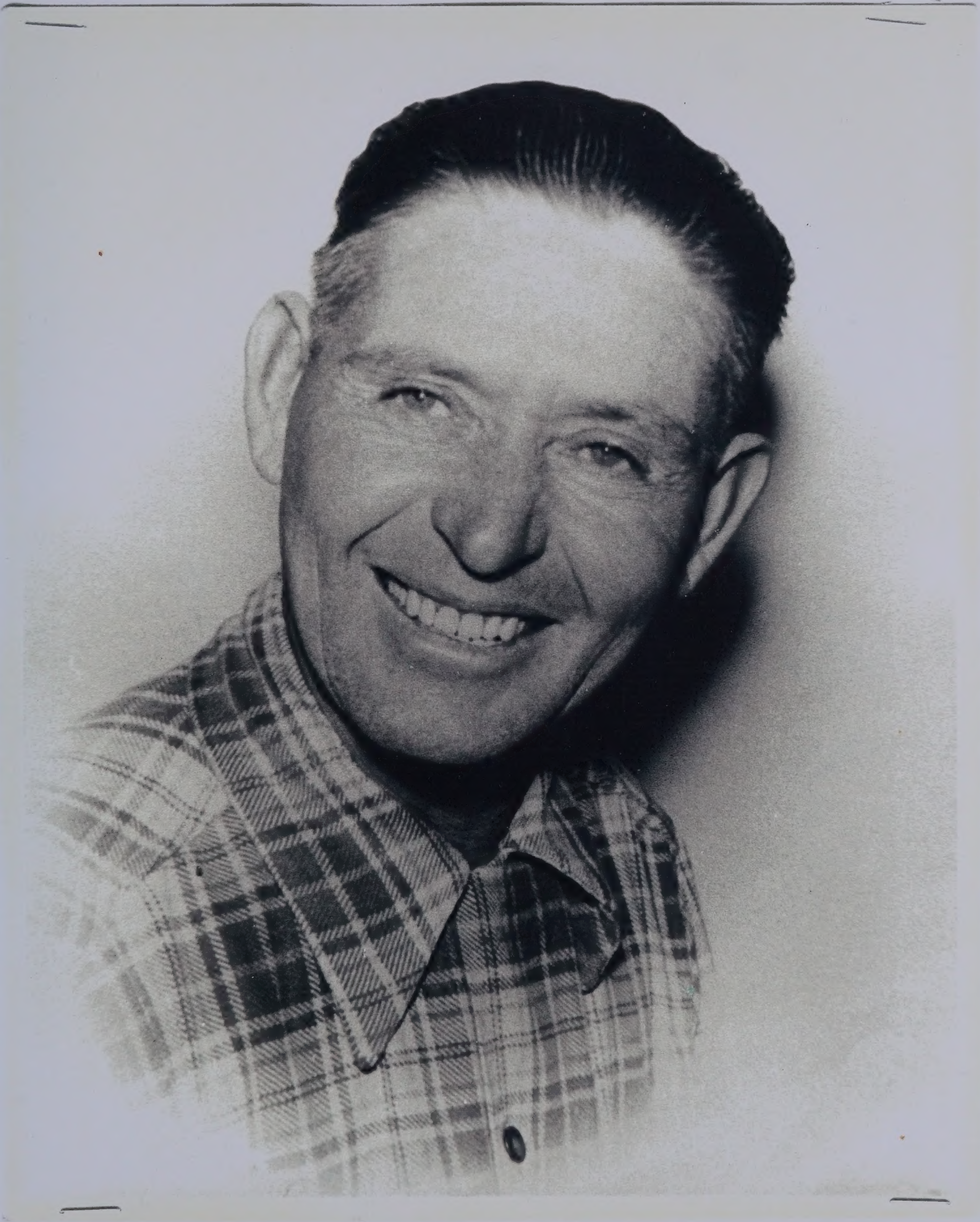
1945 Left to Right — ① Willie Lee (Ham) Salisbury, Brown 14 yrs. old. ② Maryalice (Ham) Pittman (8 yrs old) ③ Donald Lou Ham (11 yrs old) ④ Bennielee Aloren (Ham) Horton (15 yrs. old)

December
1953

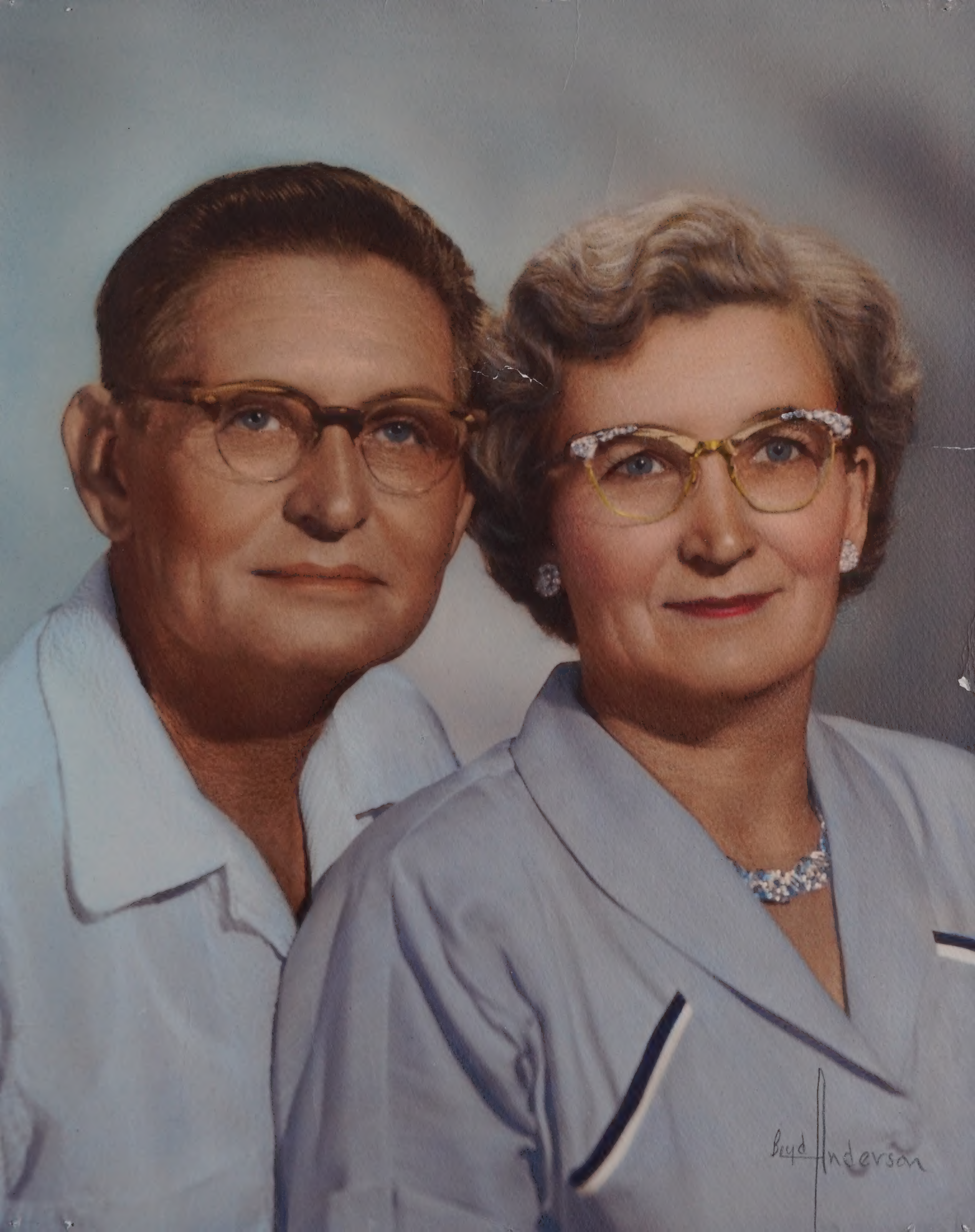
Herbert Reed Ham

San Diego, Calif

December 1953 . . . . Herbert Reed Ham . . . . San Diego,
California



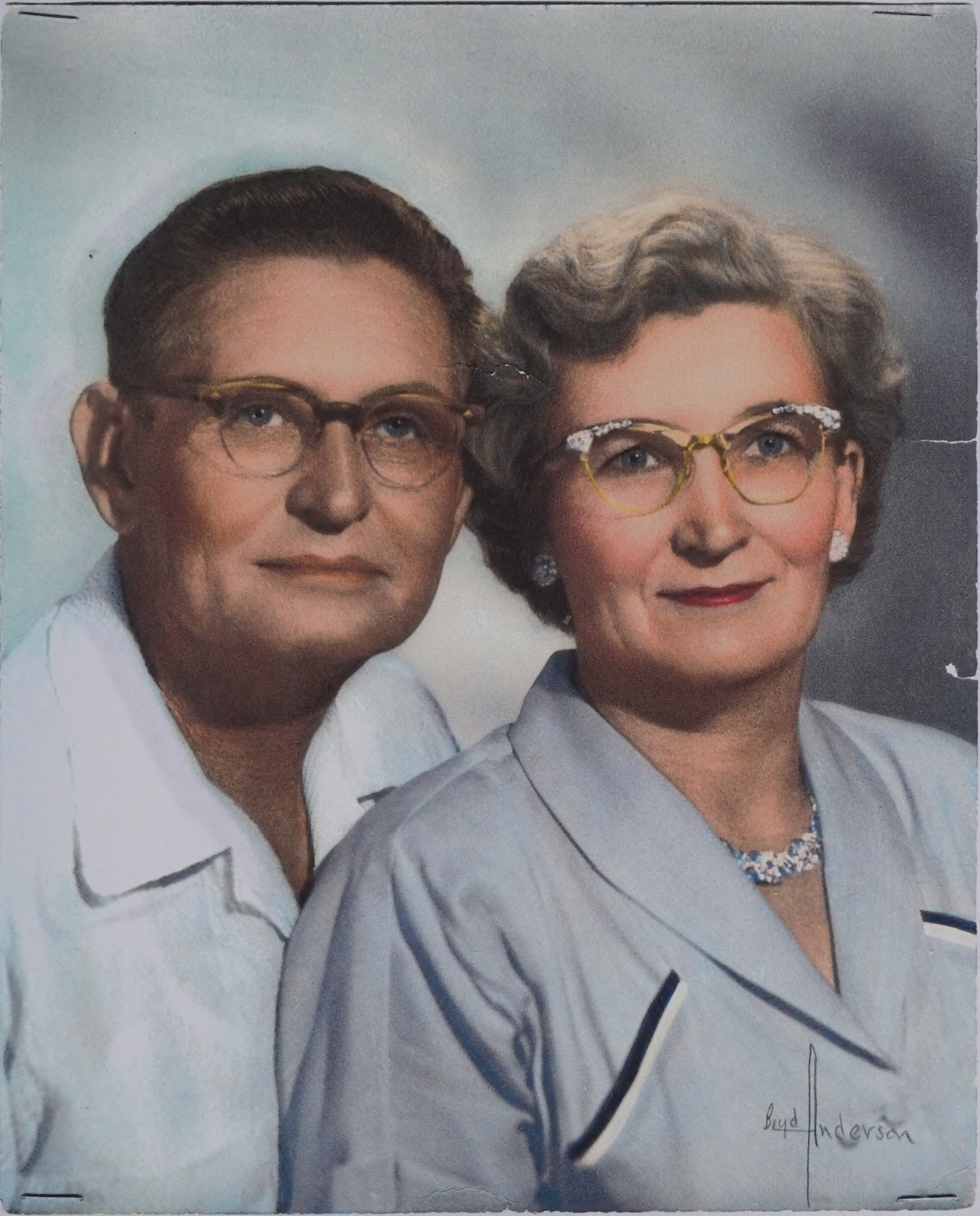
December 1953 . . . . . Herbert Reed Ham . . . . San Diego,
California


Boyd Anderson

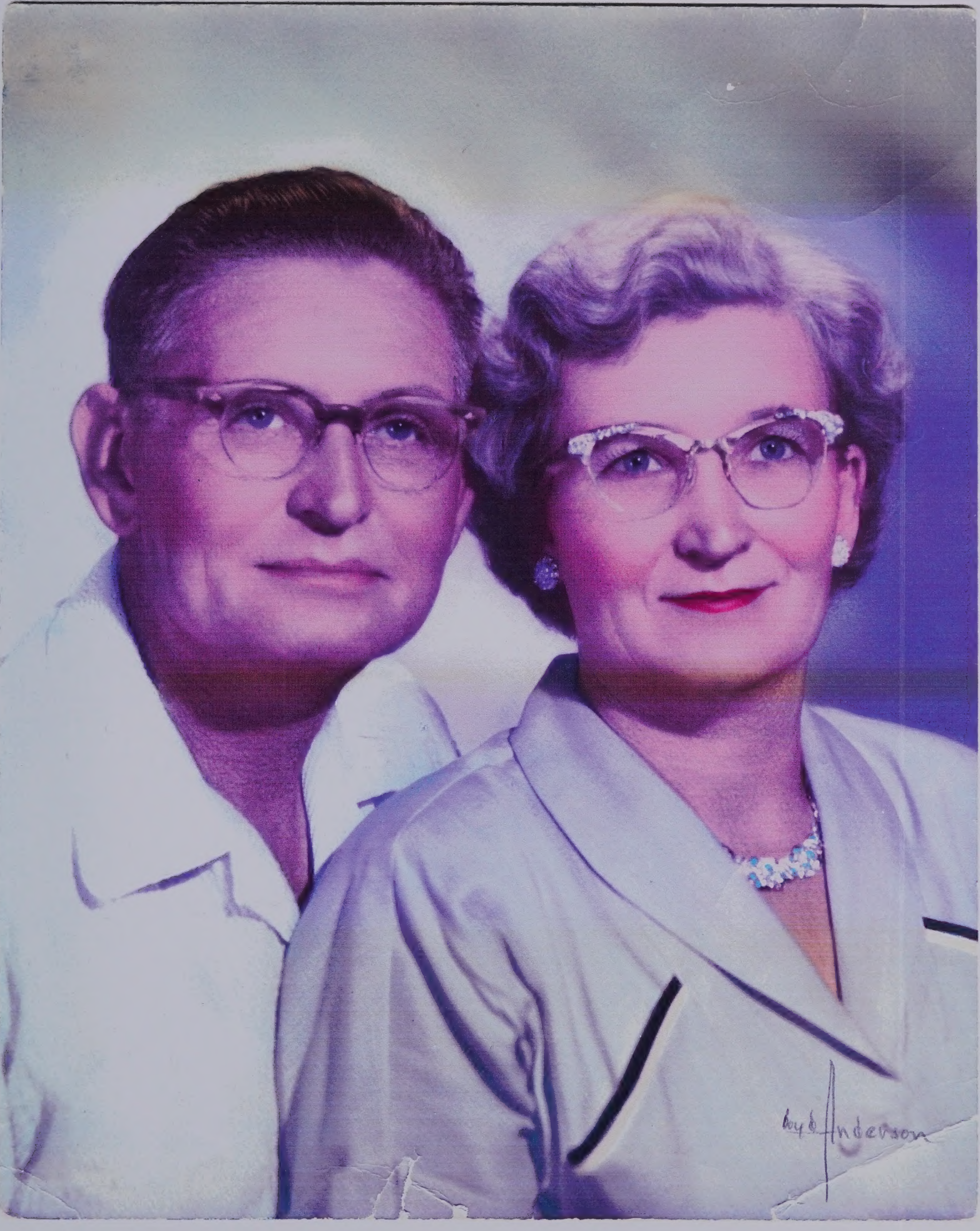
Hubert Reed & Lillie Alora (Wood) Ham
1962
San Diego, California

1 Neg
8 5×7's
6 Reg

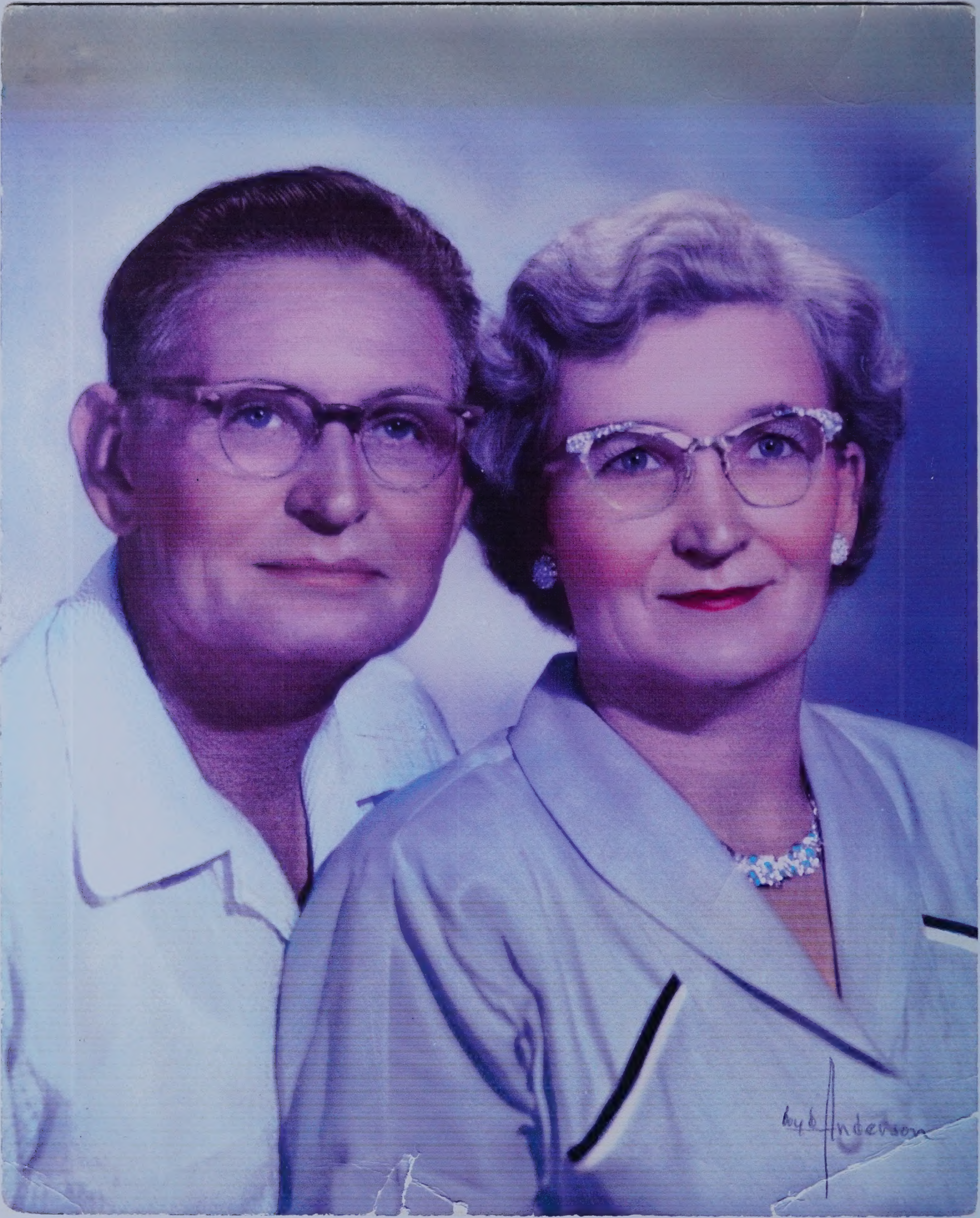
1962 - Herbert Reed & Lillie Aloren (Wood) Ham
San Diego, California.


Boyd Anderson

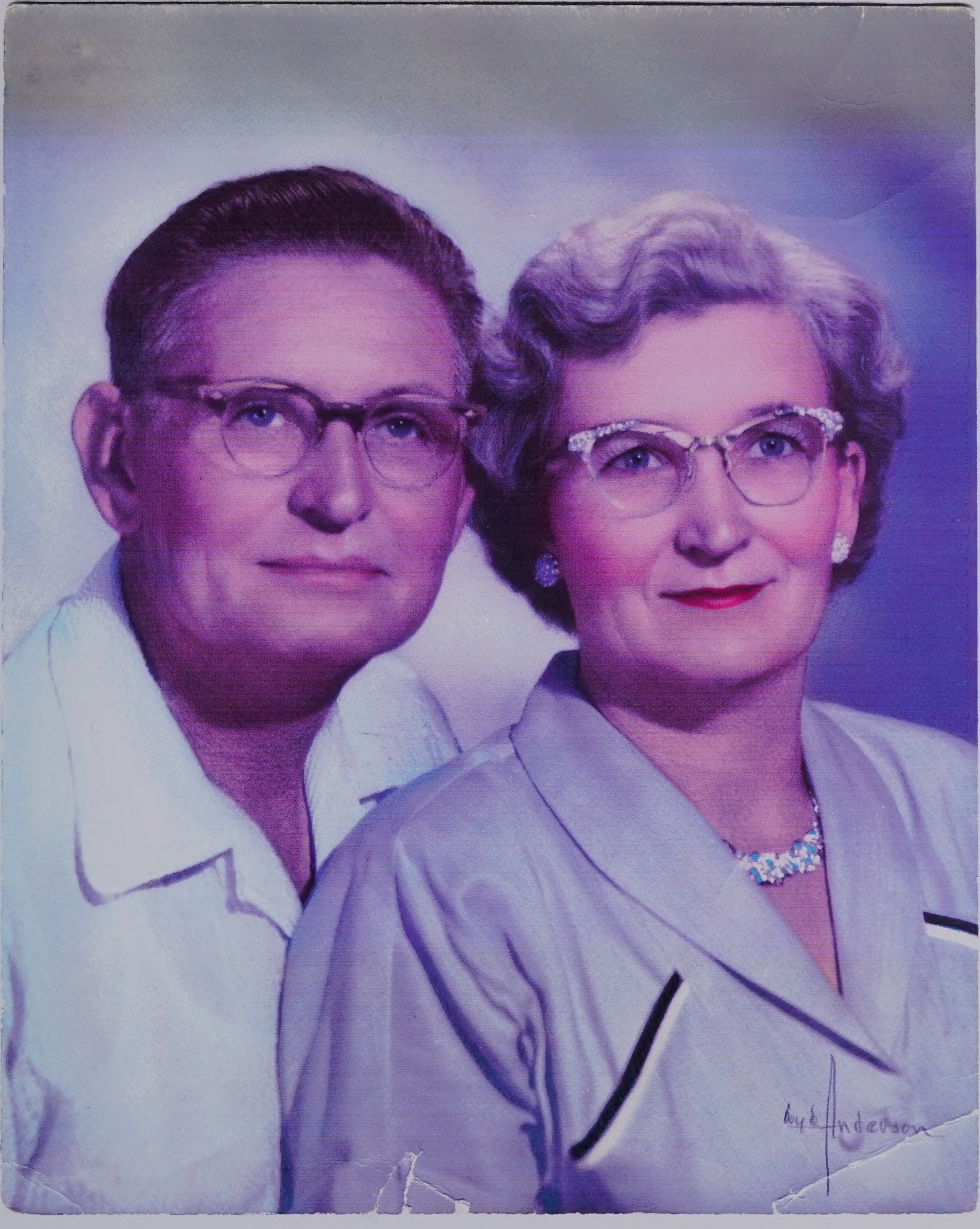
1962 - Herbert Reed & Lillie Aloren (Wood) Ham
San Diego, California.


Boyd Anderson

Herbert + Lillie Ham


Loyd Anderson

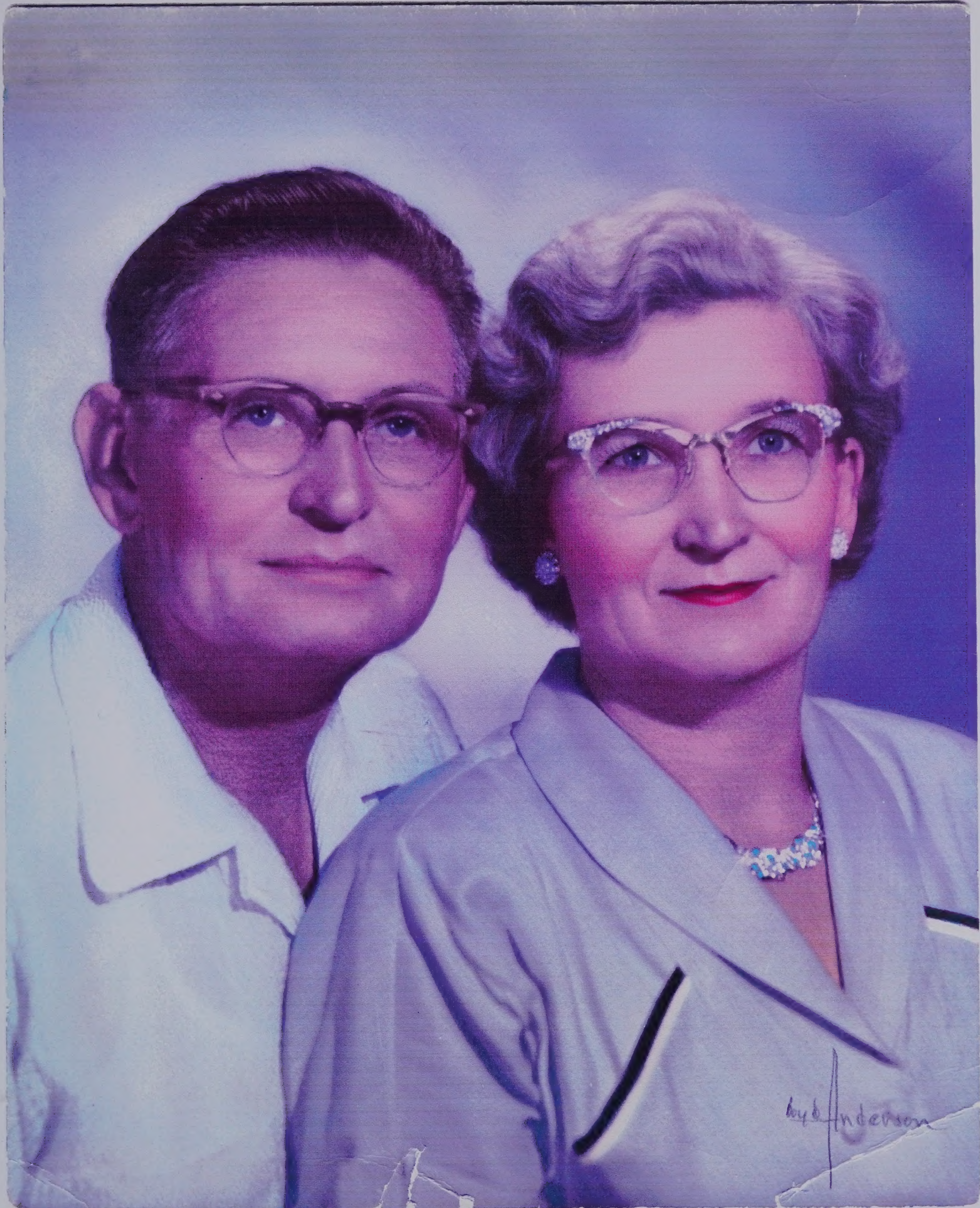
Loyd Anderson


Anderson

Herbert & Lillie Ham

Loyd Anderson

Herbert + Lillie Ham


Loyd Anderson

Lyle Anderson

Office Hours
8:30 to 12 and 2:30 to 5
No Afternoon Hours Saturday or Wednesday

Phone 232-3159
If No Answer Call 298-9311

MILLMAN, GRUNDON, GOLDSTEIN MEDICAL CORPORATION
ALLERGY AND CHEST DISEASES
2630 FIRST AVENUE
SAN DIEGO, CALIFORNIA 92103

September 23, 1971

Norman M. Rozansky, M. D.
306 Hawthorn Street
San Diego, California 92101

Re: Herbert Ham

Dear Dr. Rozansky:

This is a follow-up note reviewing the evaluation performed in my office on Mr. Herbert Ham.

As you will recall, he had severe chronic bronchitis as well as allergic rhinitis. He was placed on medications for a few days in the hospital and he stated that he did feel better following this.

Upon discharge from the hospital he was seen in my office for further allergy and chest evaluation. Pulmonary function studies were performed which revealed severe airway obstruction but there was a definite change in his vital capacity following bronchodilator therapy. He also had an elevated residual volume/total lung capacity ratio. Of major significance is the fact that his arterial pO_2 was within normal limits. It was noted on x-rays that he did have an ethmoidal and right maxillary sinusitis.

Allergy skin tests were performed and he was found to have positive reactions to dust and molds. Molds are found in wet, damp, musty places in objects which have been stored for long periods of time like old clothes, books and furniture. Garages contain many objects which accumulate considerable amounts of dust and molds. Plants in the home accumulate mold and certain foods which stand around for any length of time accumulate mold and all of these can cause difficulty. In addition to this, such foods as cheeses, namely, Roquefort, Cheddar and Bleu Cheese, are aged with mold and can cause difficulty in this type of patient. Beer and other alcoholic beverages are fermented with molds and yeast and also cause difficulty in mold sensitive individuals.

His skin tests to foods were negative but some patients will have negative skin tests and still be allergic and have positive skin tests and not be allergic to foods. Therefore, these patients may have to be given an elimination allergy diet. If the patient does go on such a regime, he will be on this regime for at least two weeks and then new foods will be added, one at a time, twice a day for a four day trial

to observe the clinical effect of new food additions. After adding a new food for four days without any flareup in the symptoms, the food is considered part of the diet and continued. If there is a flareup in the symptoms after adding a new food, the food is considered a suspected food, removed from the diet, and tried again at a later date. No new foods should be added on trial if a flareup for any reason is present because then it will be difficult to tell the effect of the new food. Therefore, at this time he was placed on an avoidance list of foods.

A nose and throat culture was taken in order to make a vaccine to his own bacteria and when this is available this will be included in his desensitization injections.

Of interest is the fact that he was given two or three day treatments with intermittent positive presssure breathing on the ultrasonic nebulizer and he said that this helped him quite a bit. He brought up a tremendous amount of secretions and he noted that because of this he was able to sleep much better than he had been doing previously.

At the present time he is being placed on the following regime:

1. Aminophyllin, 3 grs., t.i.d.
2. Phenergan Expectorant, 2 tsps., t.i.d.
3. Clistin, 4 mggs., t.i.d.
4. It may be necessary for him to use a small type of compressor in order to deliver the mucolytic agent that he needs to keep his secretions liquid. This will be judged at a future time.

Again, thank you very much for allowing me to evaluate this extremely interesting man and I do feel that a good response should be forthcoming.

Sincerely yours,

Ira M. Goldstein, M. D.

IMG:FBL

CC: Patient

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMP. NO
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	3670 J1

REASON FOR RATING

☒ MID-PROBATION ☐ FINAL-PROBATION ☐ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10/17/55 TO 1/17/56

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨		✓		
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN THE JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION				✓		
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

RATED BY Margaret Williams TITLE Head Nurse DATE 2-2-56

REVIEWED BY [illegible] TITLE Director Medical Services DATE [illegible]

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A. Ham DATE [illegible]

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS 34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - O.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	3670 J2

REASON FOR RATING

☐ MID-PROBATION ☒ FINAL-PROBATION ☐ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 1/17/56 TO 4/17/56

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓		
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨		✓		
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9	APPLICATION OF EFFORT			✓			
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION				✓		
19	PROMPTNESS IN COMPLETING WORK				✓		
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS: Employee Works very hard- tries to carry out procedures as taught in class + Has a Good Attitude-

Patients + Co-Workers like her.

Attends class when possible and has purchased extra books to read to improve her Work-

RATED BY Mary A. Williams TITLE Head Nurse DATE 4/8/56

REVIEWED BY Pauline Goetsch TITLE Director Nursing Service DATE 4/18/56

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A. Ham DATE 6-23-56

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - O.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	3670 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4/17/56 TO 10/17/56

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB		✓				
11 ACCURACY OF WORK		✓				
12 QUALITY OF JUDGMENT		✓				
13 PUBLIC RELATIONS			✓			
14 WRITTEN EXPRESSION			✓			
15 ORAL EXPRESSION			✓			
16 EQUIPMENT OPERATION			✓			
17 NEATNESS OF WORK		✓				
18 PERFORMANCE WITH MINIMUM SUPERVISION		✓				
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED			✓			
21 PERFORMANCE UNDER PRESSURE			✓			
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING [✓ ABOVE STANDARD] STANDARD BELOW STANDARD UNSATISFACTORY

COMMENTS:

RATED BY ______ TITLE ______ DATE ______

REVIEWED BY Sara Bryant TITLE Direc of Nursing Serv DATE 10/15/56

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE 10-17-56

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

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A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

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Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10 17 56 TO 4 17 57

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:		▨	▨			
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT			✓			
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION				✓		
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

ⓜ

RATED BY ______ TITLE ______ DATE 4/16/5

REVIEWED BY H. Jameson TITLE Acting Assistant Director of Nursing DATE 4-11-57

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE 4-20-57

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME (~~[illegible]~~) DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.
4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - O.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD: FROM 4 17 57 TO 10 17 57

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB				✓		
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT			✓			
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE			✓			
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	✓			

COMMENTS:

Mrs. Ham has been on the enclosed ward so long that she is now an above average attendant in this type work. She is interested, a fast worker, neat, gets along well with other attendants and with the patients most of the time. She fits in well in whatever assignment she is placed.

Reviewed

~~RATED BY~~ F. Kupferberg TITLE Asst. Dir. Nsg. DATE 16 Oct. 1957

Rated by

~~REVIEWED BY~~ ______ TITLE ______ DATE ______

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A. Ham DATE 10-16-57

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - O.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR FARM	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD: FROM 10 17 57 TO 4 17 58

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK			✓			
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING | ABOVE STANDARD | [✓ STANDARD] | BELOW STANDARD | UNSATISFACTORY

COMMENTS:

Mrs. Ham is cooperative with her co-workers. She has a wholesome manner with the elderly male confused patients; she is firm but gentle with them, and her sense of humor acts as an asset to her. She is kind and considerate of them. She shows interest in her work, and her assignment is neat. She works with a minimum of supervision.

RATED BY [illegible] TITLE R.N. DATE 4-12-5

REVIEWED BY [illegible], R.N. TITLE [illegible] DATE 4/16/58

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE 4-17-58

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

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UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
727	EDGEMOOR	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10 17 58 TO 4 17 59

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓		
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9	APPLICATION OF EFFORT			✓			
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK			✓			
12	QUALITY OF JUDGMENT			✓			
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK			✓			
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE			✓			
22	PERFORMANCE IN NEW WORK SITUATIONS			✓			
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	✓			

COMMENTS:

Mrs. Ham is a dependable, eneggetic employee, always conscientious. She has the ability to adjust to new work situations, and has done well in setting up a new ward where the patients are often difficult to manage. She goes ahead without fuss or noise, and keeps her ward neat and orderly. She is well liked by most patients, and all employees.

RATED BY [illegible] TITLE R.N. DATE [illegible]

REVIEWED BY E. Kupferberg R.N. TITLE Director of Nursing DATE 28 April 1959

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE [illegible]

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ________ DATE ________

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4 17 59 TO 10 17 59

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨		✓		
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE			✓			
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING [✓ ABOVE STANDARD] STANDARD BELOW STANDARD UNSATISFACTORY

COMMENTS:

Mrs. Ham is adaptable to any situation, and manages her assignment well. She seems interested in nursing, cares for her patients quite well, and recognizes and reports symptoms of all patients.

RATED BY Mary Wood TITLE P.N. DATE 10/2/5

REVIEWED BY [illegible] TITLE [illegible] DATE [illegible] 1959

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE 10-2-59

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

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2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT	479 LILLIE A HAM	367 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD: FROM 10 17 59 TO 04 17 60

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨		✓	
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB				✓		
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT			✓			
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION			✓			
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK			✓			
20	VOLUME OF WORK PRODUCED			✓			
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING | ABOVE STANDARD | ✓ STANDARD | BELOW STANDARD | UNSATISFACTORY

COMMENTS:

Mrs. Ham continues to be efficient, conscientious and reliable in caring for the ambulatory men patients with minimum supervision. She is kind yet firm; qualities that are essential in a rehabilitation program of "helping patients to help themselves". She carries out orders promptly and reports immediately any unusual symptoms and changes in behavior. Mrs. Ham was absent 8 days during this period due to illness; however, Nursing Administration wishes to commend Mrs. Ham on over-extending herself during the increased workload in January due to heavy illness among patients and staff.

RATED BY ______ TITLE ______ DATE ______

REVIEWED BY ______ TITLE ______ DATE [illegible]

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME L Ham DATE 4-22-60

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

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2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT EDGEM WD NURS SER	4670 LILLIE A HAM	3670 K3

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4 17 60 TO 10 17 60

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9 APPLICATION OF EFFORT						
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION						
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION		✓				
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED			✓			
21 PERFORMANCE UNDER PRESSURE			✓			
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	✓			

COMMENTS:

Mrs. Ham contimues to do above standard work. She rates outstanding in ability to work with minimum supervision. She is neat and well liked by associates. She is to be commended for completing 5 years of Meritorious Service for th County of San Diego at Edgemoor. She has been especially valuable in accomplishing our goals of rehabilitation by helping patients to be able to help themselves. She is always kind to the patients and goes out of her way to care for their special personal needs.

RATED BY ____ TITLE S N DATE ____

REVIEWED BY ____ TITLE ____ DATE ____

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 10-5-60

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ____ DATE ____

FORM CS-34

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PROCEDURE:

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2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

   A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

   B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

   Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

   C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT	4670 HAM LILLIE A	35794 3

REASON FOR RATING: ☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD: FROM 10 17 60 TO 04 17 6

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓		
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB				✓		
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK			✓			
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

☐ OUTSTANDING ☐ ABOVE STANDARD ☑ STANDARD ☐ BELOW STANDARD ☐ UNSATISFACTORY

COMMENTS:

Mrs. Ham is one of our best attendants and works on a ward with very little supervision. She has been making more of an effort toward getting patients to help her - thus helping them to feel needed.

RATED BY N Moore TITLE R N DATE 4-25-61

REVIEWED BY Mary Webster TITLE Head Nurse DATE 4-25-61

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A. Ham DATE 4-25-61

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date; mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT	4600 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4 17 61 TO 10 17 61

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB				✓		
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

Mrs. Ham is dependable and interested in her work. She works well in a 40-bed ambulatory area with a minimum of supervision. She gives consciencious care to the patients.

RATED BY Verna J Zoffka TITLE LVN DATE 10-27-6

REVIEWED BY M Oppenheimer TITLE Head Nurse DATE 10-26-61

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE [illegible]

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ________ DATE ________

FORM CS-34

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PROCEDURE:

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2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
7220	EDGEM WD NURS SER	ATTENDANT	4600 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10 17 61 TO 04 17 62

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

ALL EMPLOYEES:	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB				✓		
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

☐ OUTSTANDING ☐ ABOVE STANDARD ☑ STANDARD ☐ BELOW STANDARD ☐ UNSATISFACTORY

COMMENTS:

Mrs. Ham is a high standard employee. She works steadily and needs little supervision. She is neat and understands the needs of the ambulatory patients.

RATED BY Verna J Zoffke TITLE LVN DATE 4-26-6

REVIEWED BY B Rambo TITLE Asst. Dir. Nurs. Ser. DATE 4-24-6

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 4-24-62

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

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PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.
2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.
   - A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.
   - B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

     Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.
   - C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.
3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.
4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR NURSING	ATTENDANT	4600 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4 17 62 TO 10 17 62

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨		✓	
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨		✓	
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB				✓		
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK				✓		
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

RATED BY M. Sullivan TITLE R.N. DATE 10-17-6

REVIEWED BY M. Oppenheimer TITLE Head Nurse DATE 10-16-62

BK

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie Ham DATE 10-17-62

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

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OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding-96, Above Standard-88, Standard-80, Below Standard-72, and Unsatisfactory-0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR NURSING	ATTENDANT	4600 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10 17 62 TO 04 17 63

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨		✓	
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨		✓	
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨		✓		
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB				✓		
11	ACCURACY OF WORK			✓			
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK			✓			
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK			✓			
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING ☐ ABOVE STANDARD ☐ STANDARD ☑ BELOW STANDARD ☐ UNSATISFACTORY ☐

COMMENTS:

Mrs. Ham has been absent 13 days during this rating period; ~~11~~9 days of which were due to a back injury. BR

RATED BY K Cotter TITLE R.N. DATE 4-17-63

REVIEWED BY M Oppenheimer TITLE Head Nurse DATE 4-17-63

BR

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie a Ham DATE 4-26-63

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR NURSING	ATTENDANT	4600 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 4 17 63 TO 10 17 63

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨		✓	
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨		✓		
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB				✓		
11 ACCURACY OF WORK			✓			
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED			✓			
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS				✓		
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING | ABOVE STANDARD | [✓ STANDARD] | BELOW STANDARD | UNSATISFACTORY

COMMENTS:

RATED BY Verna J Zeffko TITLE LVN DATE 10-[illegible]

REVIEWED BY [illegible] TITLE HN DATE 10-18-63

PR

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 10-[illegible]-63

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ________ DATE ________

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

REPORT NO
XXXXXXXXXXX

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR-NURSING	ATTENDANT	4600 HAM LILLIE A	35794 33

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10/17/63 TO 04/17/64

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨		✓	
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK			✓			
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK				✓		
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

RATED BY L. Woodward TITLE R.N. DATE 4/23/64

REVIEWED BY K. L. Cotten TITLE [illegible] DATE 4/27/64

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 4-29-64

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

EMPLOYEE PERFORMANCE REPORT

REPORT NO
XXXXXXXXXXX

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A	35794 33

REASON FOR RATING: ☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD: FROM 10/17/64 TO 04/17/65

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

RATED BY ______ TITLE Staff Nurse DATE 4-12-65

REVIEWED BY Mary Papineau TITLE Head Nurse DATE 4-14-65

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 4-16-65

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A	35794 33

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 04/17/64 TO 10/17/64

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓		
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9	APPLICATION OF EFFORT			✓			
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT			✓			
13	PUBLIC RELATIONS			✓			
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK			✓			
20	VOLUME OF WORK PRODUCED			✓			
21	PERFORMANCE UNDER PRESSURE			✓			
22	PERFORMANCE IN NEW WORK SITUATIONS				✓		
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	✓			

COMMENTS:

RATED BY H. Adams TITLE RN DATE 10/9/64

REVIEWED BY [illegible] TITLE [illegible] DATE 10/1/64

BL

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 10-23-64

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ____________ DATE ____________

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

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STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A $2\frac{1}{2}$	35794 33

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 04/17/65 TO 10/17/65

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓		
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT			✓			
13	PUBLIC RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK				✓		
20	VOLUME OF WORK PRODUCED			✓			
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS			✓			
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING | ABOVE STANDARD | ✓ STANDARD | BELOW STANDARD | UNSATISFACTORY

COMMENTS:

RATED BY [illegible] TITLE [illegible] DATE [illegible]

REVIEWED BY Mary Papleen TITLE Head Nurse DATE 10 2 65

3R

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 10-25-65

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. His objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

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BELOW STANDARD level of performance is less than that expected of a fully competent employee. It means improvement is necessary. A below standard rating should be thoroughly discussed with the employee.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO — DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6580	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A 12	35794 33

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ PROMOTION ☐ TRANSFER OR DEMOTION ☐ SEPARATION

RATING PERIOD FROM 10/17/65 TO 04/17/66

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨		✓	
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT			✓			
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK				✓		
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

OUTSTANDING	ABOVE STANDARD	STANDARD	BELOW STANDARD	UNSATISFACTORY
		✓		

COMMENTS:

RATED BY Verna Zoffka TITLE LVN DATE 4-18-66

REVIEWED BY Mary Pipstein TITLE Head nurse DATE 4-15-66

EMPLOYEE'S CERTIFICATION:

I HEREBY CERTIFY I HAVE REVIEWED THIS REPORT. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.

NAME Lillie A Ham DATE 4-18-66

I REQUEST AN APPOINTMENT TO DISCUSS THIS RATING WITH THE REVIEWING OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S NAME ______ DATE ______

FORM CS-34

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine eligibility for periodic pay raises and promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months, final probation before the sixth month, and regular ratings at six month intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.

Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes.

4. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO – DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

4½

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6560	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ DEPT. ORIGINATED

STATE REASON AS SEPARATION, PROMOTION DEMOTION, TRANSFER, SUPPLEMENTARY ETC.

RATING PERIOD FROM 04/17/66 TO 10/17/66

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

		DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	IMPROVEMENT NEEDED	UNSATISFACTORY
	ALL EMPLOYEES:						
1	ATTENDANCE		▨	▨	✓	✓	
2	PUNCTUALITY		▨	▨	✓		
3	PHYSICAL FITNESS		▨	▨	✓		
4	SAFETY PRACTICES		▨	▨	✓		
5	PERSONAL NEATNESS		▨	▨	✓		
6	COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7	COOPERATION		▨	✓			
8	ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9	APPLICATION OF EFFORT				✓		
10	INTEREST IN JOB			✓			
11	ACCURACY OF WORK				✓		
12	QUALITY OF JUDGMENT				✓		
13	PUBLIC &/OR EMPLOYEE RELATIONS				✓		
14	WRITTEN EXPRESSION				✓		
15	ORAL EXPRESSION				✓		
16	EQUIPMENT OPERATION				✓		
17	NEATNESS OF WORK				✓		
18	PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19	PROMPTNESS IN COMPLETING WORK				✓		
20	VOLUME OF WORK PRODUCED				✓		
21	PERFORMANCE UNDER PRESSURE				✓		
22	PERFORMANCE IN NEW WORK SITUATIONS			✓			
	EMPLOYEES WHO SUPERVISE:						
1	COORDINATING WORK WITH OTHERS						
2	ACCEPTANCE OF RESPONSIBILITY						
3	ESTABLISHMENT OF WORK STANDARDS						
4	TRAINING AND LEADING STAFF						
5	PLANNING AND ASSIGNING WORK						
6	FAIRNESS AND IMPARTIALITY TO STAFF						
7	CONTROL OF STAFF						
8	ADEQUACY OF INSTRUCTIONS						
	ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

☐ OUTSTANDING ☐ ABOVE STANDARD ☑ STANDARD ☐ IMPROVEMENT NEEDED ☐ UNSATISFACTORY

COMMENTS - INCLUDE DEMONSTRATED POTENTIAL FOR PROMOTION AND/OR PLANS FOR DEVELOPMENT AND IMPROVEMENT.

RATED BY:

TITLE R N DATE 10/12/

REVIEWED BY: RR

Helen M. Cotter TITLE Headnurse DATE 10/12/66

I HAVE DISCUSSED THIS REPORT WITH MY SUPERVISOR

EMPLOYEE'S SIGNATURE Lillie Ham DATE 10-18-6

I REQUEST AN APPOINTMENT TO DISCUSS THIS REPORT WITH THE APPEAL OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S SIGNATURE ____ DATE ____

APPEAL REVIEW COMPLETED.

APPEAL OFFICER'S SIGNATURE ____ DATE ____

FORM CS-34 -5-66

THE PURPOSE OF THE RATING is to help develop a better county service and better county employees through periodic evaluation and recording of the employee's performance on the basis of consistent standards. Its objective is to let management and the employee know how the employee is getting along, his strong points as well as those that are weak, giving recognition for good work and providing a guide for improvement. It will be used in accordance with the County Charter and the Rules of the Civil Service Commission to help determine promotion, as well as the order of lay-off and reinstatement. Ratings are taken into consideration in matters relating to transfer, demotion and removal. The rating should assist the supervisor to analyze work assignments as well as the employee's performance. It provides a guide for mutual work planning & review and an opportunity to convert indefinite daily impressions into a more objective history of work performance, followed by open-minded discussion of the performance with the employee.

PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months,* final probation before the sixth month,* and regular ratings at one year intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.(*After 6 months for mid-probation & before 12th month for final, when a 12 month probation period.)

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.
Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes. (This step not required if appointing authority declines.)

4. If appeal review is requested, appointing authority MUST ASSURE that employee is granted a review with his designated appeal officer.

5. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

OUTSTANDING is actual performance well beyond that required for the position. It is exceptional or signal performance, definitely superior or extraordinary. FEW QUALIFY FOR OUTSTANDING.

ABOVE STANDARD represents performance which is better than that expected of a fully competent employee. It is superior to that which is expected but it is not of such signal or rare nature as to warrant outstanding.

STANDARD is the performance expected of a fully competent employee. It means thoroughly satisfactory and meeting the standards required for the position.

IMPROVEMENT NEEDED is a level of performance less than expected of a fully competent employee. It must be thoroughly discussed with the employee. Goals for improvement should be recorded on the rating.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance which should not be tolerated.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO – DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

18

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6560	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ DEPT. ORIGINATED

STATE REASON AS SEPARATION, PROMOTION DEMOTION, TRANSFER, SUPPLEMENTARY ETC.

RATING PERIOD: FROM 10/17/66 TO 10/17/67

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	IMPROVEMENT NEEDED	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨		✓	
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨	✓			
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK				✓		
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC &/OR EMPLOYEE RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK				✓		
20 VOLUME OF WORK PRODUCED				✓		
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

☐ OUTSTANDING ☐ ABOVE STANDARD ☑ STANDARD ☐ IMPROVEMENT NEEDED ☐ UNSATISFACTORY

COMMENTS - INCLUDE DEMONSTRATED POTENTIAL FOR PROMOTION AND/OR PLANS FOR DEVELOPMENT AND IMPROVEMENT.

Mrs. Ham has been absent a total of 17 days during this rating period.

RATED BY:

Mary E. Sullivan TITLE R.N. DATE 10/16/67

REVIEWED BY:

Neva Robbins TITLE H. N DATE 10/16/6

I HAVE DISCUSSED THIS REPORT WITH MY SUPERVISOR

EMPLOYEE'S SIGNATURE Lillie A Ham DATE 10-18-

I REQUEST AN APPOINTMENT TO DISCUSS THIS REPORT WITH THE APPEAL OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S SIGNATURE ________ DATE ________

APPEAL REVIEW COMPLETED.

APPEAL OFFICER'S SIGNATURE ________ DATE ________

FORM CS-34 -5-66

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PROCEDURE:

1. PROBATIONARY AND REGULAR ratings are initiated by Civil Service in accordance with the employee's starting date: mid-probation after three months,* final probation before the sixth month,* and regular ratings at one year intervals. Those made at the time of transfer, demotion, or separation, originate in the employee's department.(*After 6 months for mid-probation & before 12th month for final, when a 12 month probation period.)

2. THE FIRST-LINE SUPERVISOR most directly familiar with the employee's service during the rated period should do the rating. If the employee has had more than one supervisor during the period, the other supervisors should be consulted.

A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.
Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

3. THE RATINGS are sent next to the reviewing officer who notes his approval by signing the form. Any changes he makes in the ratings should be in ink on all three copies of the rating. They should be initialed by the person making the changes. (This step not required if appointing authority declines.)

4. If appeal review is requested, appointing authority MUST ASSURE that employee is granted a review with his designated appeal officer.

5. FINAL DISTRIBUTION of the completed forms is: original white copy to Civil Service, green copy retained by the department, and yellow copy to the employee.

DEFINITIONS:

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IMPROVEMENT NEEDED is a level of performance less than expected of a fully competent employee. It must be thoroughly discussed with the employee. Goals for improvement should be recorded on the rating.

UNSATISFACTORY performance is definitely inferior to the standards required for the position. It is very inadequate or undesirable performance which should not be tolerated.

Point Values are assigned only Section B, the Overall Rating. The values are: Outstanding - 96, Above Standard - 88, Standard - 80, Below Standard - 72, and Unsatisfactory - 0.

REPORT NO
XXXXXXXXXXX

EMPLOYEE PERFORMANCE REPORT

COUNTY OF SAN DIEGO – DEPARTMENT OF CIVIL SERVICE AND PERSONNEL

9½

DEPT NO.	DEPARTMENT NAME	CLASSIFICATION	EMPLOYEE NAME	EMPLOYEE NO.
6560	EDGEMOOR-NURSING	NURSES ASSISTANT	4615 HAM LILLIE A	35794 36

REASON FOR RATING

☐ MID-PROBATION ☐ FINAL-PROBATION ☒ REGULAR ☐ DEPT. ORIGINATED

STATE REASON AS SEPARATION, PROMOTION DEMOTION, TRANSFER, SUPPLEMENTARY ETC.

RATING PERIOD FROM 10/17/67 TO 10/17/68

SECTION A—ITEMIZED CHECK LIST

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK EACH ITEM IN THE APPROPRIATE COLUMN. REPORT MUST BE COMPLETED IN INK. ANY CHANGES MADE IN THE REPORT SUBSEQUENT TO THE EMPLOYEE'S SIGNING REQUIRE INITIALING BY THE EMPLOYEE AND PERSON MAKING THE CHANGES.

	DOES NOT APPLY	OUTSTANDING	ABOVE STANDARD	STANDARD	IMPROVEMENT NEEDED	UNSATISFACTORY
ALL EMPLOYEES:						
1 ATTENDANCE		▨	▨	✓		
2 PUNCTUALITY		▨	▨	✓		
3 PHYSICAL FITNESS		▨	▨	✓		
4 SAFETY PRACTICES		▨	▨	✓		
5 PERSONAL NEATNESS		▨	▨	✓		
6 COMPLIANCE WITH RULES AND REGULATIONS		▨	▨	✓		
7 COOPERATION		▨	✓			
8 ACCEPTANCE OF NEW IDEAS AND PROCEDURES		▨		✓		
9 APPLICATION OF EFFORT				✓		
10 INTEREST IN JOB			✓			
11 ACCURACY OF WORK			✓			
12 QUALITY OF JUDGMENT				✓		
13 PUBLIC &/OR EMPLOYEE RELATIONS				✓		
14 WRITTEN EXPRESSION				✓		
15 ORAL EXPRESSION				✓		
16 EQUIPMENT OPERATION				✓		
17 NEATNESS OF WORK			✓			
18 PERFORMANCE WITH MINIMUM SUPERVISION			✓			
19 PROMPTNESS IN COMPLETING WORK			✓			
20 VOLUME OF WORK PRODUCED			✓			
21 PERFORMANCE UNDER PRESSURE				✓		
22 PERFORMANCE IN NEW WORK SITUATIONS			✓			
EMPLOYEES WHO SUPERVISE:						
1 COORDINATING WORK WITH OTHERS						
2 ACCEPTANCE OF RESPONSIBILITY						
3 ESTABLISHMENT OF WORK STANDARDS						
4 TRAINING AND LEADING STAFF						
5 PLANNING AND ASSIGNING WORK						
6 FAIRNESS AND IMPARTIALITY TO STAFF						
7 CONTROL OF STAFF						
8 ADEQUACY OF INSTRUCTIONS						
ADDITIONAL ITEMS:						

SECTION B—OVERALL RATING

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD CHECK IN INK THE DEGREE WHICH BEST DESCRIBES THE OVERALL PERFORMANCE OF THE EMPLOYEE DURING THE PERIOD. SPECIFIC WRITTEN COMMENTS ARE REQUIRED TO JUSTIFY OUTSTANDING OR UNSATISFACTORY RATINGS.

☐ OUTSTANDING ☒ ABOVE STANDARD ☐ STANDARD ☐ IMPROVEMENT NEEDED ☐ UNSATISFACTORY

COMMENTS - INCLUDE DEMONSTRATED POTENTIAL FOR PROMOTION AND/OR PLANS FOR DEVELOPMENT AND IMPROVEMENT.

another good employee who will be missed. Have a good time you deserve it
M Pepstein

RATED BY:

Alice E. Burn TITLE RN DATE 10/16/6

REVIEWED BY: MS

Mary Pepstein TITLE Head Nurse DATE 10/16/6

I HAVE DISCUSSED THIS REPORT WITH MY SUPERVISOR

EMPLOYEE'S SIGNATURE Lillie A Ham DATE

I REQUEST AN APPOINTMENT TO DISCUSS THIS REPORT WITH THE APPEAL OFFICER DESIGNATED BY MY APPOINTING AUTHORITY.

EMPLOYEE'S SIGNATURE DATE

APPEAL REVIEW COMPLETED.

APPEAL OFFICER'S SIGNATURE DATE

FORM CS-34 -5-66

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A. The rater should begin by marking Section A, the itemized check list. A check mark is required opposite each item in the column best describing the employee's performance. A check must be made in the "does not apply" column if the item does not apply to the position being rated. Space is provided at the bottom of Section A for the addition of items by the rater or the department. This makes possible the consideration of items which are unique to a particular classification or position.

B. After Section A has been completed, the rater should place a check on the line above the degree in Section B which best describes the rater's impression of the employee's total performance. Section A should assist the rater to make the evaluation in Section B; however, SECTION B IS NOT NECESSARILY AN ARITHMETIC TOTAL OF THE ITEMS IN SECTION A. The relative value of the various items in Section A will vary between classes.
Either OUTSTANDING OR UNSATISFACTORY RATINGS IN SECTION B (does not apply to Section A) REQUIRE SPECIFIC WRITTEN COMMENTS, by the rater, justifying the rating. THEY MUST EXPLAIN WHY the employee is either outstanding or unsatisfactory. Additional comments may be attached to the rating if the space provided is not sufficient.

C. When the rater has completed his preliminary rating, he should arrange for a private discussion of the rating with the employee. Section A should be especially helpful during this review. If the employee has VALID AND REASONABLE protests to any of the markings, they should be changed accordingly. At that time the rater's final markings should be made in ink (preferably with a ball point pen so that the carbon copies will be clear). Then both the rater and employee should sign and date the rating. If the employee wishes to appeal the rating to the appointing authority or his designated reviewing officer, he may do so by signing the request at the bottom of the page.

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Edgemoor Geriatric Hospital, Santee, Calif. 92071

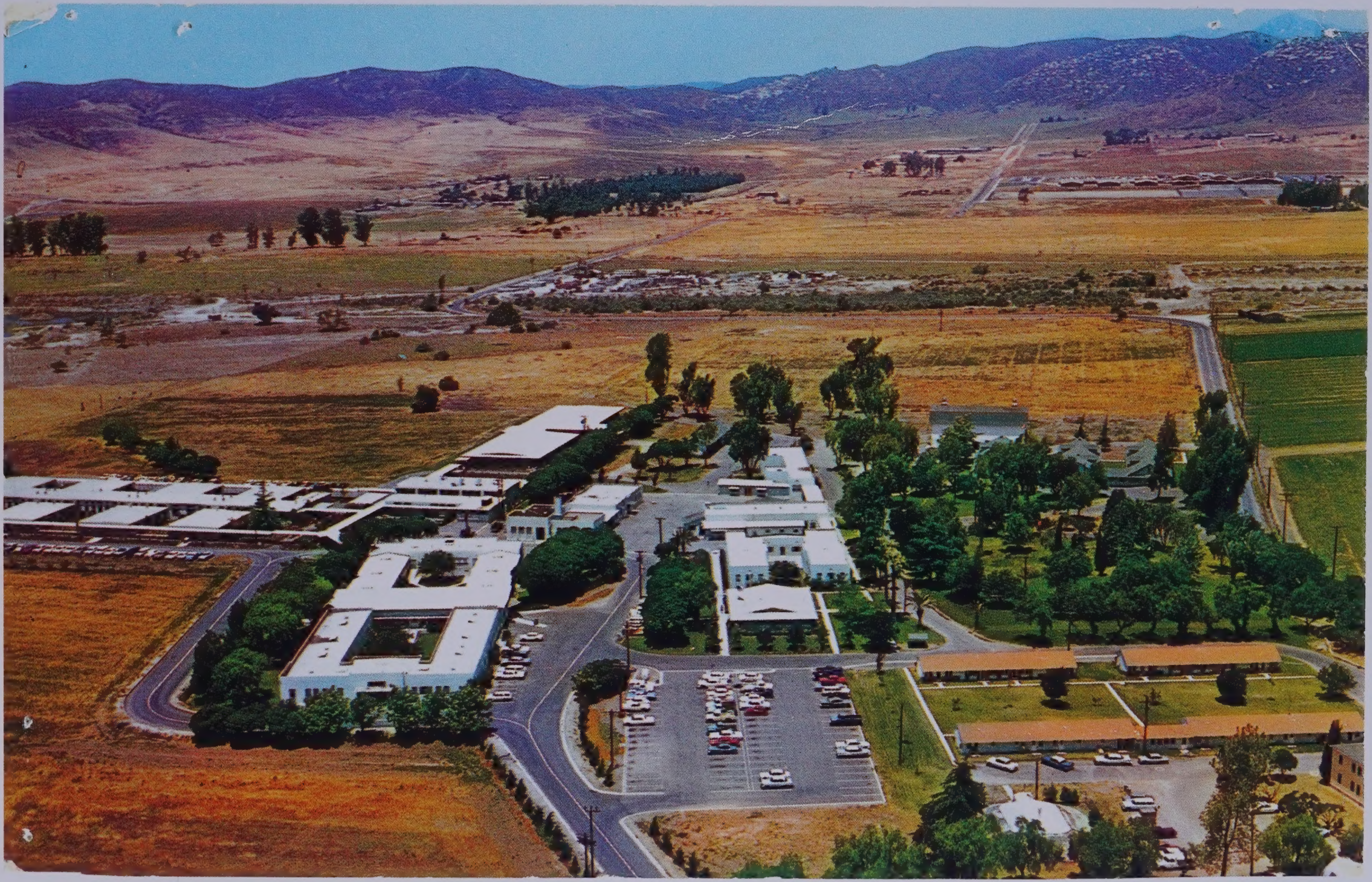
This hospital is located in a spacious, attractive and healthful rural setting 20 miles from the city of San Diego, and is licensed by the State of California to provide specialized care for the elderly and long term convalescent patients.

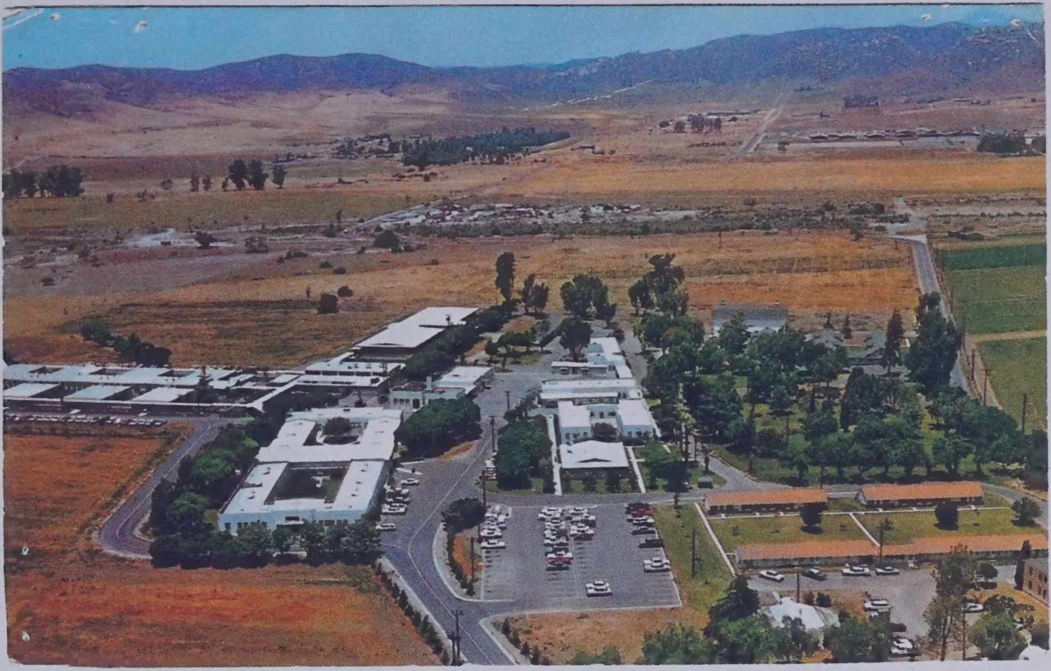
Published by Road-Runner Card Co., P.O. Box 1095, San Diego 92112

SC10255

Edgemoor Geriatric Hospital, Santee, Calif. 92071

This hospital is located in a spacious, attractive and healthful rural setting 20 miles from the city of San Diego, and is licensed by the State of California to provide specialized care for the elderly and long term convalescent patients.





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SC10255

Edgemoor
N. Edgemoor Drive
Santee Calif. 92071

Mother Lillie Ham worked here

Edgemoor
N. Edgemoor Drive
Santee Calif. 92071

Mother Lillie Ham worked here

Mother

chronic lymbatic

Leukema

Shinges

Mother
c̄
chronic lymbatic
Leukema
Shinges

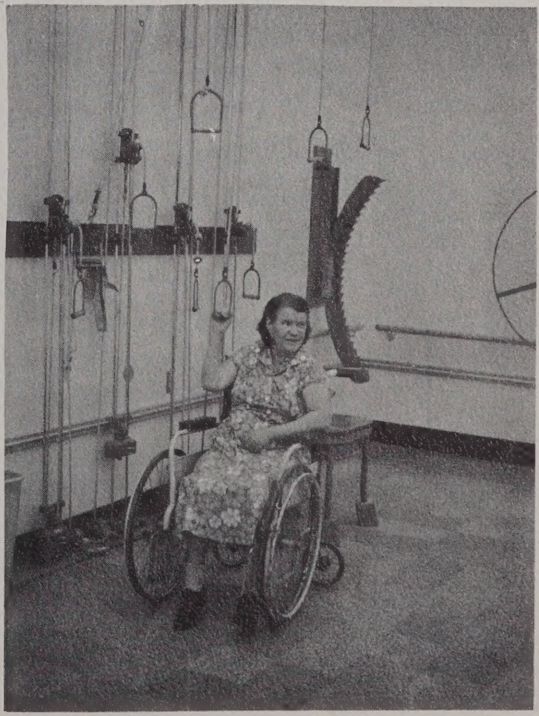
THIS WAS WHERE MY MOTHER (LILLIE WOOD HAM) WORKED FOR 13 YEARS, AS A NURSES AID.

EDGEMOOR -- Forty Years

From Edgemoor Farm
1922

To

Edgemoor Geriatric Hospital
1962



Edgemoor Geriatric Hospital
Bulletin
July, 1962

EDITORIAL

This issue of the Edgemoor Geriatric Bulletin is devoted to the forty years existence of Edgemoor. Edgemoor Farm, Edgemoor and finally Edgemoor Geriatric Hospital, varying names for a single institution that is at the same time a place, an idea and an ideal.

Within the covers of this issue you will find reminiscences, nostalgia and the inevitable theme of self-congratulation. The reminiscences are genuine, the nostalgia human and the self-congratulations deserved -- some of them.

There have been great moments in our history. For instance, that indefinable temporal moment when the emphasis changed from a poor farm to a medical institution. Or the great impetus for rehabilitation, during the time when Dr. Carmody stoked us with excitement and a new sense of purpose. There was a tense sense of dedication that came with the opening of our rehabilitation building. The feeling that here in this small sector of the United States we had a part in something that would benefit all humanity.

There were lesser, more local triumphs. The streamlining of procedures, the modernization of bookkeeping and administrative systems. New medicines, greater community contacts, the Auxiliary, the educative programs for nurses and attendants, the vast increase in revenue which appreciatively lowered the local tax burden. In all, an integrated and cohesive effort on the part of all at Edgemoor to make this institution a model of its kind, dedicated to the best possible service at the very least cost.

All this was accomplished, remember, despite staff-stretching, complaints of pay discrimination and other handicaps.

So, when the reminiscences and nostalgia settle we are left with the question of Edgemoor's future. Signs for a continuance of the current rehabilitation program look favorable. Under Doctors Terry and Trainor, more patients are being discharged from Edgemoor than ever before. The spirit of our physicians seems progressive -- modern in concept and efficient in design. This despite occasional mutters from those who were never convinced that tender loving care is a philosophy worthily supplemented by rehabilitation and eventual discharge.

And while decrying status quo, let's ask whether or not our current rehabilitation program is sufficient for the future. We recall with pride when Edgemoor was pioneering the concept of geriatric rehabilitation, when we were visited by officials from other institutions who came to learn and progress from what we had painfully gathered.

Our future seems uncertain. Where once we pioneered we may be in danger of not only following, but of following far behind. The road ahead is mined by new and pending medical aid programs, conflicting concepts and competition for the public dollar.

The shape and substance of Edgemoor's past forty years can be drawn from the pages that follow. Less clear are the next forty days, weeks and months.

Quo vadis -- wither goest thou, Edgemoor?

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Within the covers of this issue you will find reminiscences, nostalgia, and the inevitable theme of self-congratulation. The reminiscences are genuine, the nostalgia humane and the self-congratulations deserved -- some of them.

There have been great moments in our history. For instance, that indefinable temporal moment when the emphasis changed from a poor farm to a medical institution. Or the great impetus for rehabilitation, during the time when Dr. Carmody stoked us with excitement and a new sense of purpose. There was a tense sense of dedication that came with the opening of our rehabilitation building. The feeling that here in this small sector of the United States we had a part in something that would benefit all humanity.

There were lesser, more local triumphs. The streamlining of procedures, the modernization of bookkeeping and administrative systems. New medicines, greater community contacts, the Auxiliary, the educative programs for nurses and attendants, the vast increase in revenue which appreciatively lowered the local tax burden. In all, an integrated and cohesive effort on the part of all at Edgemoor to make this institution a model of its kind, dedicated to the best possible service at the very least cost.

All this was accomplished, remember, despite staff-stretching, complaints of pay discrimination and other handicaps.

So, when the reminiscences and nostalgia settle we are left with the question of Edgemoor's future. Signs for a continuance of the current rehabilitation program look favorable. Under Doctors Terry and Traynor, more patients are being discharged from Edgemoor than ever before. The spirit of our physicians seems progressive -- modern in concept and efficient in design. This despite occasional mutters from those who were never convinced that tender loving care is a philosophy worthily supplemented by rehabilitation and eventual discharge.

And while decrying status quo, let's ask whether or not our current rehabilitation program is sufficient for the future. We recall with pride when Edgemoor was pioneering the concept of geriatric rehabilitation, when we were visited by officials from other institutions who came to learn and progress from what we had painfully gathered.

Our future seems uncertain. Where once we pioneered we may be in danger of not only following, but of following far behind. The road ahead is mined by new and pending medical aid programs, conflicting concepts and competition for the public dollar.

The shape and substance of Edgemoor's past forty years can be drawn from the pages that follow. Less clear are the next forty days, weeks and months.

Quo vadis -- wither goest thou, Edgemoor?

NORTHWEST CORNER

by A. E. Flaven

In view of the fact that we are about to receive our first 25 year pin and certificate from the County and that we're about to celebrate our first ten years at Edgemoor Geriatric Hospital and, further, that we're just about to head north for our first full three weeks of fishing and exploring in Nevada and the Sierras, we feel that to make it the most complete of vacations (and celebrations) it is only fit and proper for us to proudly appoint Mr. A. J. (Andy) Matia, our good and solid Assistant Superintendent, to finish off and publish our usual column for us. Anyway, to attempt to put down ten years of accumulations of good thoughts about our Edgemoor Geriatric Hospital and our County of San Diego might sound (to some) a little "drippy" and to others, a little burdensome.

So---Andy it's yours from here and let's make this a super-special issue! (Regards from the "boss" and wish you were here!)

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A. J. Matia

Congratulations to you Mr. Flaven for 25 years of continuous and faithful service to the Community, County of San Diego and Edgemoor Geriatric Hospital. We are certainly happy for your many years of accomplishments and your dedication to service. You arrived on the scene ten years ago. I am sure these memories are clear in your mind. You have seen Edgemoor grow, you have assisted, encouraged, and raised the standards of Edgemoor to greater heights and recognition in the community and throughout the County. The County of San Diego will give the recognition due you in the official presentation of the coveted 25 year pin and certificate on the 31st of July, 1962.

Thanks! This issue commemorates the 40th anniversary of Edgemoor - a County Institution. This is a very difficult assignment for me, an assignment which requires condensation into a few paragraphs of four decades of faithful service to the aged citizenry, to the tax payers of San Diego County and the County Board of Supervisors.

A brief history of "Edgemoor" is desirable. It has a long and interesting background. Records of the historical data concerning "Edgemoor..." is very sketchy. Recollection by former employees appear faint in memory. Dry statistics, names and dates are not especially meaningful here but does add a little color and flavor to the rich background sketch.

The original Edgemoor was part of the Estudillo land grant - granted by the Spanish Government to one Maria Antonio Estudillo. In 1876 the land grant was confirmed by land patent of the United States. Land disputes arose over the grant and a portion of the land was sold several times and finally to a George Cowles. After the death of Mr. Cowles in 1890 his widow Jennie married Milton Santee after whom Santee was named. The land was sold and resold several times and in 1902 the Williamson family pruchased the greater general area known as Edgemoor. Mr. Williamson farmed the area and imported guernsey breeding stock direct from the Isle of Guernsey (off the coast of Cherbourg, France and Devonshire, England). Subsequently, the Dupee family purchased the acreage. After a successful dairy operation by the Dupee family it was sold to a Strobeck family. Far sighted County officials purchased the 500 acre rich dairy operation from the Strobecks in the latter part of 1921 or early part of 1922. This acreage was purchased by the County primarily for a development of a better program for the care of the

aged. The County paid the sum of $100,000 for this rich, fertile land.

We searched old records, scrap books and newspaper clippings to try and determine the exact origin of the name "Edgemoor..." We could not conclusively arrive at reasons for the name. In the early days of dairy farming and ranching operations it was known for ranchers to coin a name which would describe vast areas under their control. It was known that this was the name held in high respect when the County purchased the property.

Beginning in September, 1923, came the initial period of general construction. Quarters and structures to accommodate and care for aged men and women were built. The first load of patients came to Edgemoor - approximately one dozen men and one dozen women - from an area operated by the County at the foot of 6th Street in Mission Valley known as the "Poor Farm".

Through the years there was steady growth; devolopment was slow but commendable for its day. The year 1927 was a year of continued rains, the ground was saturated and the river was running full and overflowing. On the 16th of February, 1927, the entire area was flooded. Edgemoor had approximately 150 "guests" who were evacuated. The men were taken to San Diego and placed in private homes and the ladies were taken to the school house in Santee. During that night the boiler room was under water and an 11,000 volt transformer went out and the entire area was without lights for several days.

In July of 1928 the contents of the first drug room consisted of one bottle of Hinkle's pills, a bottle of chloroform liniment, one ounce of digitalis, a few applicators and a small amount of bandages. At that time the rule was that if a person was unable to ambulate to the Dining Room he was sent to the County Hospital. In 1933 the Edgemoor property was appraised at a value of $285,882 by the committee of the Grand Jury; $50,000 was the fair market value of the land and $235,882 the fair value of the buildings. This was during the depression era. During its formative years Edgemoor concentrated not on aged indigents but on prize dairy herds and hogs. Later during the depression period vegetables and produce cultivation was introduced. When general County Relief was established, citizens of the County performed work at Edgemoor in order to make a living.

One wonders what the staffing was back in 1922 compared with what it is today. Old records indicate in 1922 there were only a "handful of employees" performing the necessary work to take care of approximately 50 "guests" and supervise the dairy farm operations. Gradually the number of "guests" increased to 150 and employees increased to 44. This was in the late thirties. In 1951 over 400 guests resided at Edgemoor requiring 235 employees. Today there are 510 patients requiring 300 employees to perform the duties required to solely care for patients. This includes the personnel in the Nursing, Dietary, Housekeeping, Engineering, Social Service, Business Office and Administration Departments.

The forerunner of the Bedfast Ward "Santa Maria" was started with only two beds. These beds were used for people stricken with the flu. All others were transferred to the County Hospital. In 1951 a 224 bed Bedfast Ward was put into operation. At that time a new concept as to Edgemoor's current and future care responsibilities began to develop. It was no longer just a place for "old folks". The County Board of Supervisors, citizens of the community and the Administration were not content simply to have Edgemoor remain static. In 1955 County officers decided that Edgemoor should concentrate solely in the area of the geriatric patient. This was the desired impetus for the change in concepts from an indigent old folks home to a recognized pioneering County Geriatric Institution.

Greater consideration was given toward directing Edgemoor's future to a broader specialization in a strictly rehabilitation field. Room and Boarder guests were moved to other sites and patients in need of long term medical and nursing care were admitted.

In 1956 the detrimental stigma of "Farm" was deleted. The Institution was known simply as "Edgemoor". This name was meaningless. It did not indicate what Edgemoor was. It could not be properly referred to by County or other agencies, therefore, in August, 1958, the Board of Supervisors officially approved that Edgemoor should henceforth be known as "Edgemoor Geriatric Hospital". This name now defined Edgemoor's status and specialized hospital practices. At that time Edgemoor had a paid staff of 263 employees and approximately 520 patients. In 1960 Edgemoor received its first license as a specialized hospital in the field of geriatrics.

Each successive year over the last several the average patient came in older, more helpless and critically ill. However, despite these additional challenges, each year more and more of these patients were "rehabilitated" to the point of being returned to their own families. This is a result of a changed and gratifying concept as to what can and should be done for patients through development of a consistent, practical attitude tied in with a new and growing rehabilitation program. In April of 1961 the most recent addition known as the Semi-bedfast Ward or preferably the "Rehabilitation Ward" was completed and 40 patients were transferred from the bedfast rehabilitation wards to the new rehabilitation wards. This was an intermediate and progressive step from bedfast wards to the ambulatory wards and finally a discharge of the patient to the community environs.

The early medical staff consisted of one Senior Attendant who was called "Doc". Later several part time physicians were employed to take care of needs of patients. This continued until 1959 when Edgemoor received its first full time physician. Early in 1962 a second full time physician was hired. Today there are two full time physicians on the Medical Staff at Edgemoor.

In hospital circles two terms are passed back and forth in daily conversation. These terms are "geriatrics" and "rehabilitation". What is Geriatrics? The term Geriatrics was coined about 50 years ago by Ignatz Leo Nascher, a New York Physician, from the Greek Geron meaning "old man" and applied to the special branch of medicine dealing with the diseases of the advanced years. Edgemoor's definition of a geriatric patient is "one who has reached a stage in life such stage being more commonly and predominantly observed in older age groups, where his biological and physiological deficiencies have so incapacitated him either through accidental or natural cause so as to make him unable to maintain his former independent status in our society". This definition does not consider the chronological age as a determining factor of a geriatric patient. The geriatric patient is sick, debilitated, crippled and has a variety of both mental and physical deficiencies. Whatever the cause of the illness this is the patient whom we attempt to rehabilitate.

What is Rehabilitation? Rehabilitation is a very broad subject. The most widely accepted definition was presented by the First National Conference of Cardiovascular disease in 1950. It was "rehabilitation is the return of a person disabled by accident or disease to his greatest physical, mental, emotional, social, vocational and economic usefulness; and, if employable an opportunity for gainful employment.

Our role in rehabilitation is not necessarily related to vocational rehabilita-

tion, although if the opportunity presents itself we would concentrate in this area. Our role requires the consideration and treatment of the whole man rather than one of his parts. The geriatric patient has a multitude of deficiencies involving many organs of the body, and all must be examined and attended with the goal in mind of discharging the patient back to the community as a useful citizen.

I want to express my sincere thanks and gratitude to all former and present employees and all County officers who have had a part in the continued growth and progress of Edgemoor Geriatric Hospital, in the further advancement of new concepts and development of the high standards of patient care which could have been achieved only by devoted and dedicated staff. Thank you all.

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REFLECTIONS IN NURSING

by Jeanne Kuhn, Director of Nursing Services

The nursing care of the patients here at Edgemoor has always been centered on the "whole" person. The patients who came out here in 1922 from the Poor Farm were Ambulatory and able to care for most of their own daily needs. The Custodial patients who followed needed more supervision and additional nursing care. "Doc" William Peterelt was in charge of the Pharmacy and, as an attendant, he passed the pills for mild aches and pains. As the patients increased, the staff increased. Soon there were 3 Head Nurses, 1 for each shift, and a Director of Nurses to relieve and supervise.

In 1951, 120 patients from Camp Elliott were transferred to the newly dedicated Santa Maria Building. Here there were five attendants in each ward with one girl being classified as "Lead Attendant". Registered Nurses were added to the staff and we lost several attendants to the Housekeeping Department to assume duties other than nursing care. In 1961, the pattern again changes. The Rehabilitation Building was dedicated and our expanding program added three more Head Nurses and brought our Hospital Attendant staff up to 156.

In 1958 it became evident that there was a growing need for physical therapy in the care of these patients. Miss Lindeman from County Hospital began making monthly visits to Edgemoor. She taught the patients and the personnel the basic fundamentals of self-care. The patients showed marked progress. The nurses and attendants practiced her teachings and so the Rehab Program developed.

I have learned that one of our R.N.s attended the dedication of Edgemoor in 1922 at which time she was a student nurse at County Hospital. There are several employees in this Department who have been here since 1946 - they speak of hard work, minimum supplies, lack of professional help, inexperienced staff and they remember the week of the big transfer of patients from Camp Elliott. They also recall professional attitudes and standards which improved when the first registered nurse was employed and when the first Director of Nurses came on duty. The love and labor given by the staff has helped the program develop. They know that the needs of these old people are the same as their own; the need to be loved, to be helped, to be secure. This need has helped keep the nursing standards high. Each nurse, each attendant, each Director has left something of herself here at Edgemoor with us.

What we are today is the result of their efforts in the past.

THE FACTS...

by Romaine Trainor, M.D.

Statistics can be very dull or boring but when translated into terms of human effort, accomplishment and heart break, they can portray dramatic pictures of achievement. Is Edgemoor "doing more business" than ever? Is it productive from a taxpayer's viewpoint? Are you working more and enjoying it more? If figures don't lie, you as Edgemoor employees are processing, feeding, nursing and rehabilitating from 80% to 130% more patients this year than in a like period last year. Here is a chart with the plain and simple facts as shown in numbers, for the first six months of 1961 and 1962.

ADMISSIONS		Aver. Per Month	% of Increase
1961	228	38	80
1962	412	68	
DISCHARGES			
To S.D. Co. Hospital			
1961	107	17.8	30
1962	139	23	
Other Discharges			
1961	63	10.5	130
1962	144	24	

Translated into facts, it means that with no increase in personnel (except the Medical Staff) admissions to Edgemoor have come close to doubling; discharges to San Diego County Hospital are only up 30% which means we are more self dependent; "other" discharges, most of which consist of patients who were rehabilitated, is up 130%. Remember to compare all these percentage figures with the 80% increase in admissions.

Rehabilitation at Edgemoor consists of the step-by-step, ward-by-ward, moving of patients from the admitting wards to the ambulatory or near-ambulatory wards. Obviously this great increase in movement has more than doubled the work entailed in transfer of the patient, his records, his clothes, his linen, etc. And all this with the same staff which initially was known to be of minimal requirement.

Breaking down the departure of patients, the following figures emerge.

	1961	1962
To County Hospital	45%	38%
Other Discharges	26%	39%

Obviously the fewer transfers to County Hospital reflect largely the continued or increasing fine care of Edgemoor patients, including close observation for beginning acute problems, constant and heroic attention to acutely ill patients and unfailing devotion to the strict measures for patient care that characterizes Edgemoor's policy. And of course, the lion's share of this credit belongs to the nurses and attendants who seem almost tireless in their determination to maintain Edgemoor's high standards.

Many of the precepts of medical care at Edgemoor were laid down by Dr. Carmody and the continued advance in the proportion of patients being rehabilitated in no way detracts from, but is a tribute to, his earlier firm adherence to the principles of good gerontology.

In contrast to little or no increase in staffing of the various departments at Edgemoor, the full time medical staff has been increased by 100% with the acquisition first of Dr. Trainor and then following Dr. Carmody's resignation, his replacement by Dr. Henry Terry as Chief of the Medical Service. Stepping into a void without previous orientation, he has accomplished a great deal in a very short time. Since his arrival certain essentials, which Dr. Carmody sought for so valiantly, have become available, including emergency oxygen and the promise of more needed essentials as we prove our need for them.

As the knowledge of Edgemoor's exceptional success with a minimum of physio therapy, occupational therapy, general staffing and overall low budget becomes disseminated, more and more visitors (most recent was the Minister of Health from Nigeria) come to see and wonder. It is satisfying to note their surprise at the low budget, high success story of our institution.

Dr. Terry and Dr. Trainor join in the high praise due to that extra something that can always be expected from all the departments, and again with especial gratitude to the nurses and attendants.

EDGEMOOR HOUSEKEEPING REVOLUTION

by Clint Munson

A revolution comes in many forms, shapes, and sizes. In the case of the Housekeeping Department, it consists of changes in the past few years of new ways to do things, new materials to do them with, new types and numbers of personnel to accomplish the work assignments, along with more complex and greatly enlarged work responsibilities.

As recently as seven years ago, in the Housekeeping Department there were 13 Custodians, seven of whom were women. Times change and today we have 19 Custodians consisting of one woman Custodian II, 17 male Custodian II and a Custodian III as supervisor. The responsibilities in the Sewing Room have justified the recent re-classification of the position of its operator to Supervising Seamstress, since she handles all the sewing assignments of the hospital. The Property Clerk was transferred to the Housekeeping office, which now has the responsibility of capital property inventory and collateral duties including other inventories and record keeping as well as the identification of property items. In keeping with the duties of the department head his position was up-graded to Executive Housekeeper.

The replacement of old locks with a new Master Key lock system was another large alteration and Housekeeping's part was the keeping of the locks, the security and issuance of the keys, and the records of the system. This new system allows staff personnel access to most of the locked areas with the use of one key rather than having to carry a bulky set of keys.

The Housekeeping Department has assumed the care of television sets and other audio-visual equipment. It installs and maintains approved types of shades, curtains, and drapes wherever needed in the hospital. Another duty in great demand these days is the repair of seats and backs for the many wheelchairs and walkers now in use. There are other repair jobs for which Housekeeping is equipped such as mending of upholstery.

The Linen and Sewing Rooms have been reorganized, adding casters to the linen carts and providing bins and work surfaces for sorting and folding of patient's clothing and linen prior to distribution to the respective wards. Ironing activity was transferred to the ward areas, leaving more room for the care of linen. Heavy duty sewing machines replaced the old converted treadle type and additional machines were procured for use by volunteer Auxiliary workers and patient helpers.

Increase in cleaning responsibilities due to new buildings and the renovating of old areas for patient use plus the additional load of patients needing more intensive care brought about additional needs for new and modern cleaning equipment. The Housekeeping Department now has floor machines and vacuum pickup machines to relieve the work load. New cleaning compounds and new methods of cleaning devised by leading manufacturers have helped the custodians to carry out a more thorough and sanitary program than was possible in the past.

Last but not least are the new types of construction which have made the areas more easily kept in proper condition. The use of aluminum, stainless steel, formica, masonite, and other modern materials has improved the lot of Housekeeping. We look forward to incorporating more new ideas derived from employees' suggestions and manufacturer's research.

Space does not permit a full discussion of changes relating to the Housekeeping Department but an old timer returning after being away six or seven years would certainly be impressed by the difference in Housekeeping.

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PINK LADY NEWS

The membership of the Edgemoor Auxiliary wish to extend heartiest congratulations to the hospital administration and staff on the completion of forty years of service to the residents of San Diego County. We share your hope for continued success in the field of geriatric care and pledge our assistance in the future.

Although the Auxiliary is a comparative newcomer at Edgemoor, many of its volunteer service activities had been conducted for years by individuals and service groups in the County. The need for an organization dedicated solely to service at Edgemoor, more closely affiliated with its administration and more responsive to the needs of its patients, became evident when Edgemoor Farm became a geriatric hospital. The Edgemoor Auxiliary was organized to fill this need in December, 1957, the founding group consisting of nine active members, twelve associate members and seven sponsoring members. The three categories of membership was devised to achieve the most comprehensive assistance to the hospital and its patients; service is provided by trained active members working on the grounds. A reserve of service volunteers is maintained through the associate membership, and funds and materials are provided by individuals and other service organizations who make up the sponsoring membership.

Today, 4½ years and many problems later, the auxiliary has grown to 87 active members, 110 associate members and 54 sponsoring members. We are proud of the record of service which the auxiliary has established these past few years. In addition to the 87,016 hours of volunteer service it has successfully undertaken a variety of special projects including the purchase of professional equipment for the use of the medical and nursing staff, a used grand piano, a portable piano, a whirlpool bath, the construction of a roof over the Santa Maria patio and a shuffleboard court. The Friendly Club and the Auxiliary jointly purchased a portable amplifier.

The future of the Auxiliary at Edgemoor is aptly stated by Mrs. J. Forster Couts, the Auxiliary founder and its advisor. "The work of the Edgemoor Auxiliary has settled into definite types and programs and as these are staffed for complete service, others will be added. The cooperative attitude of the hospital administration and staff, and the need for service make the horizons of the Auxiliary at Edgemoor unlimited".

EDGEMOOR

by Marjorie Moffat

Seventeen years ago, in 1945, Edgemoor did not look as it does today. At that time it was strictly a "home for the aged of San Diego County" except for about 60 patients in the Enclosed Ward.

In 1945 the main office was in the building now used for patients' clothing, directly off Magnolia Avenue. The road to Edgemoor Drive, or the entrance there did not exist. All of the A-2 wards were dairy barns, only one of which was used. The apartments, dining room, Santa Maria and Rehab buildings were not yet built. What is now the Carpenter Shop was a ward for men and directly West from C-3 were two old wards for men. Where the present Administration Building now stands was a building that had been the home of the former owner which was called the Dupee House. Two married patients lived in an apartment in this building. The kitchen and dining room for the employees was where the present laundry room is and the patients' dining room where the Canteen now is. Mr. Snoddy's office was the Chef's office. Where C-3 now is, they had the only place for bed patients, called the Infirmary. This was used only for patients with colds or other temporary illness. Anyone who became ill for any length of time or needed special care had to be sent to the County Hospital. Here the Doctor, who only came once a day unless called for an emergency, and the Nurses of which there were three, had their offices. There was no paving at all around any of the buildings and pushing food carts from the kitchen to the Enclosed Ward through the dust and heat in summer and the mud and cold in winter was quite a chore.

There were no canteen facilities available at all. Patients wishing anything in the way of snacks or personal articles, walked to a little general store in Santee. This presented a problem as they wandered in the middle of the road, sometimes got lost or exhausted and two patients were hit by cars. A small building under the oak tree between what is now the present canteen and A-1 was put up. Cold drinks, candy, gum, cigarettes, etc. were sold here until after the Santa Maria building was built and the Dining Room moved to its new building. The Canteen was then moved into its present location.

Personnel has changed greatly since that time too. The Superintendent had one full time person in the office and one half day. There were three nurses - one for the day shift, one for the evening shift and one relief nurse. There were about three farm and dairy hands, the kitchen crew and approximately three in the Engineering force. One of the nurses was a male nurse who had an apartment in the Dupee House. He went off shift at 12:00 P.M. and if there was any need for a nurse after that time, he was called from his home.

Gradually between 1945 and the latter part of 1948 two or three more nurses were hired and in December of 1948 Edgemoor acquired its first Supervising Nurse, the forerunner of our present Director of Nursing Services. About the same time more office help was hired, a man to take care of the warehouse and additional attendants.

In 1945 the Enclosed Ward was doubled. In the latter part of 1946 the need for more room for Welfare people (aged people needing a place to live) was pressing. San Diego County did not have as many boarding homes as were needed and Edgemoor was full nearly all the time. Custodial (completely or partially bedridden) patients were kept in the County Hospital as there were no facilities to care for them at Edgemoor. It was decided to convert the two dairy barns not in use to wards for ambulatory men and women. The reconstruction of these buildings was

started in 1947 and completed in 1948. The total capacity at this time was around 200.

In 1945 the only water for Edgemoor came from wells of which there were approximately six. This was for fire protection, patient use and irrigation. There was one hand-drawn fire wagon and the nearest regular fire truck was the La Mesa Forestry truck in La Mesa. Santee at this time was practically non-existent. Houses were few and far between and in case of fire it could be comparable to being in the middle of the Barona Indian Reservation today. About 1947-48 a surplus fire truck was purchased by the County from the government and a Volunteer Fire Department was formed with the fire truck stationed here at Edgemoor. Whenever a fire occurred in the surrounding area, Edgemoor was called and the truck went out from here, most of the volunteers on the truck being Edgemoor employees.

Negotiations with the City of San Diego had been going on for some time to allow Edgemoor to cut into the City water line in order that a better water supply would be available. About 1948 Edgemoor was finally granted the right to cut into this line and use water for FIRE only. This condition prevailed until the new buildings were completed in 1951.

In 1946 sometime the office had been moved from its old location to what is now the plumbing shop. This office was used until after the new buildings were completed. Then what is now used as the Carpenter Shop was converted from a men's ward to the office and at that time, after being cramped in three rooms all through the building operations for Santa Maria and the Dining Room, it seemed as if the ultimate had been reached.

For some time the need for a permanent place to put semi and fully bedridden patients had been discussed. This type of patient had been moved temporarily from the County Hospital to the Government owned facility at Camp Elliot. When the Government required that these buildings be returned to their use, it was decided to build at Edgemoor. This was when Edgemoor's biggest change began. A new kitchen and dining room would be needed. Apartments to house employees were to be built as well as the Santa Maria Building.

This was not too long after World War II. Edgemoor was considered a great way from San Diego and in order to induce employees to work that far away it was decided to build the apartments as well as having all the Dormitory room. In addition to this housing for employees there was also five houses and the Superintendent's house.

Here it might be interesting to tell how the name Santa Maria was decided upon. Edgemoor was a home. We were trying to get away from the stigma of a poor farm and so it was felt that visiting friends as well as patients would rather say they were in a named building than just a ward. Spanish names were used as being typical of this area and so the building was called Santa Maria and the wards named Barona, Carillo, Ortega, Pico, Yarba, Serra and Couts after the original old families that had settled San Diego County and had Spanish Land Grants.

Anyone who has not seen all the changes at Edgemoor cannot really appreciate how far it has come since those first early days. The word Geriatric was practically unknown. Now, not only the Doctors and Nurses, but also the general public have revised their thinking about people that we must care for and certainly this can no longer be called a "poor farm". Edgemoor employees and San Diego County as a whole can well be proud of their Geriatric Hospital.

NURSING LOOKS BACK - AND FORTH

by D. Wilbur, Head Nurse

Nursing care at Edgemoor developed over the years as the needs of San Diego County oldsters became recognized by discerning people. Originally many of the good county residents were farmers and ranchers who found that old age with its physical limitations left them without the means of self support to which they had given the strength of their lives. This became a source of such concern to Mr. Dupee, a wealthy rancher, that he took many aged and experienced farmers under his wing, provided his maintenance and accepted his help (within his capacity) on this large ranch operation. Possibly the County Fathers saw the value of his demonstrated assistance and felt it was a step in the right direction for the care of the aged.

When Edgemoor Farm was operating as the food producing center for many (if not all) county institutions (such as Anthony Home, County Jail) prisoners helped work the Farm. Then the aged people were sent out to be given maintenance and medical care. Quite a few oldsters needed medicine of some sort and could not afford it. These were dispensed at the Infirmary. In return these oldsters assisted on the farm wherever and whenever they could. Dr. Knox was in charge of the medical care of all. Dr. Richey was his relief.

But, people became sick enough at times to need nursing care. Dr. Knox sent for his sister, a registered nurse, to assist him and set up some kind of nursing service. She accepted the call and set up probably the first nursing routines and procedures with such overall directives as: "6:00 A.M. arrive on duty, notify engineer to put on lights; 9:00 A.M. have all patients come for medicines and any that need nourishments may have them at same time. All patients must have a bath and put on clean clothes once a week..."

"Psycho Ward" was in this same building until the closed U-shaped building was built and Administration moved into its former headquarters, while the Infirmary moved to what is now C-3. Senior attendants were joined by three more R.N.s. The nurses supervised and helped the senior attendants organize care in the "Psycho Wards", ran the Infirmary and watched over the old people who were living in the A wards scattered about. In the "Psycho Wards" most of the care was of the team-nursing type. This was the quickest method of getting the routine nursing care done with the fewest number of attendants (12 divided into three shifts) for a large number of patients, then about 60. This also made it possible for the attendants to have time to scrub walls and floors, oil and rub down floors by hand.

Nursing needs were becoming better known at about the same time that the Farm Superintendent acquired an assistant, Mr. Flaven. As a result, Nursing got its first Director of Nurses, Mrs. Erickson. Things began to hum indeed. New procedures were written and put together in a procedure book for all nursing care which was for semi-ambulatory, "Psycho", and ambulatory patients. The three nurses, Mrs. Briggs, Mrs. Oppenheimer and Mrs. Williams, were the backbone of the nursing staff and the nursing department's development. They became at once students and teachers for the new Director encouraged in-service training, and if they were to teach they must themselves learn how to teach. They contacted Adult Education and Vocational Training under the San Diego School, received supplies and visual aids from both the County and the Navy. There were staff meetings in which a campaign was started to force employees in nursing to clean themselves up as well as the patients on the wards. There were lead attendant meetings, usually gripe sessions, but it did help to unite the personnel. Nursing care was still predomi-

nantly maintenance, ambulatory and semi-ambulatory care with a self-educated staff. There were few bed patients until that day in 1951 when the family style meals went out with the finishing of the new kitchen and when the new Santa Maria Building was finished and open for business.

What a business it GOT! Two hundred bed patients in a few days with practically no staff to care for them! They sent out S.O.S. in the community and practically pulled people in off the streets to help as long as they could or would. Irate husbands came for their exhausted wives. The regular staff worked almost around the clock making beds, getting patients settled and planning care. They delegated unknown and unevaluated new people as leads in wards and felt lucky when the choice turned out to be good. Untrained personnel were trained on the spot by being put on the wards to begin working, until routines could be established, and patients evaluated as to medical needs. By this time Edgemoor had to part-time Doctors who gave much more time to patients' and nursing's medical needs. Dr. Richey and Dr. Allen were doctors and father confessors to all. It took a long time and many Directors of Nursing to shape up bed patient care with what was available. During that time close patient and personnel relations grew and social needs of patients became a part of patient care. Relatives, a few dedicated individuals and groups such as ministers, Mrs. Conant, Navy Wives, Blind Aid, Thursday Club and others gave unstintingly of their services and eventually blossomed into our Edgemoor Auxiliary of the Pink Ladies.

At first in Santa Maria there was one nurse in charge of the east wards and one in charge of the west wards. This gradually evolved into an addition of a medicine nurse and a treatment nurse. The lead attendant became the senior attendant, and gradually the team-nursing was replaced by the Patient-Centered care. One attendant was assigned a smaller group of patients to whom she gave complete attention and care. With a closer evaluation of patients' needs, procedures were improved and written in detail for in-service and new employee training.

R.N.s were given two wards to supervise and organize. Closer observation led to better evaluation of not only the patients' medical needs, but his potentials toward improvement to and progress towards becoming an active participant again in Life - first here at Edgemoor, then in his return to his family and/or community. Many new procedures were added to nursing: besides catheter irrigations, bladder and bowel training was started; besides positioning in bed, Range of Motion was initiated; besides learning to use Hoyer Lifts, Activities of Daily Living of patients were included to start them helping themselves progress from bed to wheelchair, to walker, and from there to canes or crutches or artificial limbs with the help of Physical Therapy and intensive rehabilitation in our new Rehab Building. Dr. Carmody headed up our medical and rehabilitation team and through his work and reports added much to Edgemoor.

In all of these things patients' inner beings were being given encouragement and stimulation through social activities created and directed by our capable Pink Ladies. Patients at Edgemoor are no longer only patients of the nursing department's concern, but people who seek help from the Edgemoor Geriatric Hospital Rehabilitation Team!

EDGEMOOR 1936

by Bob Kelley, Engineering

At that time it was known as Edgemoor Farm, operated as a farm in addition to being a home for the aged.

The office was located in the small building across from A-2. The help in the office consisted of the Superintendent, Bookkeeper and a Stock Clerk who also drove the truck and took patients to County Hospital. The Ice House and Meat Storage room were located next to the office which also included the Storeroom where all the supplies for the place were kept. The milk barn was in the building of A-2 nearest the road and the other two wings west were barns where the calves and equipment were kept.

Where the Carpenter Shop and Paint Shop are now was the Infirmary until it moved to where C-3 Nursing Station is today. The Boiler Room was located in the basement of the building where the plumbing shop is now located. This building was a home at the time, occupied by a male nurse who was on call at all times at night after 12:00 midnight.

The Carpenter Shop was located in a small building behind the truck garage and the work was done by guests. Where the gas pump is now we had a Roque Court where the guests and employees played. This was maintained by one of the guests who also was the Farm's barber.

Where the apartments are now located was a field planted in alfalfa and corn (in rotation each year) that had a path across where the employees went to the Dormitory which is the building now occupied by the School District Office. Just south of this building were two wells which furnished the water for the place. West of these wells was the Superintendent's house and the Farm Boss's house. West of the garages, where the micro film is stored, was a tennis court built by the employees who also built the garages.

The Kitchen, which was located where the linen room is now, was staffed by all men - no women in the Dining Room in those days. The Dining Room was located where the Recreation Hall is now. Where C-3 is now we had three men's wards. These at one time were barns and were converted into wards - two of these were torn down in later years.

Just in back of A-2 was the place for the dairy cattle and also two silos for storing silage. We butchered our own meat and raised some vegetables for our own use. Later we raised more so we could sell to County Hospital. We had enough milk from the cows to sell to County Hospital, Vauclain Home and Juvenile Hall.

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BUILDINGS AND GROUNDS

by Jim Hart, Engineering

As far back as Bob Kelley can remember (and I mention Bob because he has been an Edgemoor employee for 25 years) construction and improvement has been going on at Edgemoor. As far back as 1922, when Edgemoor came into existence, new buildings, lawns and flower gardens have appeared. As compared with the 500 farm acreage to the present approximately 40 acres, it has only diminished in size, not in activities.

Dating back to 1926 the Dormitory, now being used by Santee School, was constructed - also Ward A-1 was completed that year. In 1929 the first half of Custodial Ward was completed and put to use. The second half in 1944.

1951 was a very busy year at Edgemoor as far as building and construction was concerned. The first and most important was the Santa Maria Building, Kitchen and Dining Room which came to being the first part of that year. Another appreciated project was founded, the Employees' Apartments, or as we call them the Staff Housing.

1952 saw another undertaking which was of great importance to Edgemoor - the construction of the 40,000 gallon water storage tank located northeast of Ward C-3. At the time of this construction Edgemoor was dependent upon water wells for the domestic water supply and, although we are now using water from the Santee Water District, we still keep an emergency 24 hour supply of water in this tank which is used each weekend and replenished from our domestic water supply.

In 1956 a very necessary addition was made. The fire truck port located between the Carpenter and Paint Shops and the Boiler Room. This area was the central location for our fire truck and fire fighting gear which was manned by employees. Recently the truck and necessary gear were transferred from our area and we now have the fire protection of the Santee Fire Department, although all employees are trained in the use of fire control equipment and evacuation procedures.

In 1959 the Custodial Wards were remodeled. 1960 - Wards A-4 and 5 were demolished to make way for a very beautiful building which was added to Edgemoor in 1961, known to all of us as the Rehabilitation Ward.

Many other modifications and improvements have come into effect such as the new Administration Building, Ward A-2 Annex, the Chapel and the new Storeroom. Much appreciation and many thanks are extended to those who have been concerned with the growth and modernization of Edgemoor.

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HOUSEKEEPING

by Eunice Smith

We miss Floyd Roberts and Iris Scholl, wishing them the best of luck. All of us welcome Priscilla Leavey, Bill Snoddy and Carl Scholl in joining our department.

Our gang has enjoyed two mighty good cook outs in past months. Vacations are in full swing - most of us planning on a real good rest. Mr. and Mrs. Zoffka, Clint Munson and Ronald Wood all are driving new cars.

Perhaps some of you were lucky enough to meet Ray Goldbach's Mother who spent four months visiting her children here in California. Sadie Goldbach, Box 54, Presto, Pennsylvania, has 43 Grandchildren; 97 Great Grandchildren; 1 Great, Great Grandchild; a total of 141. She is 88 years young and has 9 children all living.

B-5 NEWS

Mrs. Annis Jessup is on days now and we welcome her on B-5. Mrs. Naborne has been a nice addition to our fast moving nursing team. Ever watch "Rawhide?" The theme song goes something like this - "Keep 'em moving, moving, moving, though they're disapproving". We are adopting it for our theme song too! We hate to see our "Rawhide" nurse leave, great loss to attendants on all three shifts and to the patients.

My first recollection of Edgemoor was in 1922 when I attended the opening ceremonies. Since I was a very young and very hungry student nurse at County Hospital at the time, my fondest recollection is of the refreshments. They were very wonderful and very filling.

Thelma Reynolds wishes to thank everyone who was so concerned while her daughter was in the hospital. She's out now and doing fine. We on P.M. will miss Mrs. Snowden who is leaving us for the day shift.

Mrs. Griffin went to the World's Fair and into Canada. The Fair was very crowded and wonderful. The Space Needle was very interesting. Saw a lot of beautiful flowers.

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P.M. NEWS

On June 23rd an "Old Timers' Picnic" was held at Flynn Springs Park in honor of Mrs. Isadore Simpson at the home of Mrs. Margaret Callahan a former employee. All were asked to bring a baby picture of themselves. The winner of the contest was Mrs. Mary Wirtz. It was wonderful seeing Mrs. Marie Devlin, R.N., Mrs. Minnie Brans, R.N., and Mrs. Tessie Rosser, Attendant. To Mrs. Callahan and "Dear John" goes a big, big "Thank You". It was a wonderful thought from a wonderful couple.

A lovely party was given on June 6th for our retiring Mrs. Simpson after 10 years of Service to Edgemoor. Home made cakes and punch were served. Her gift a lovely set of matched luggage. We are sorry to lose you, Mrs. Simpson, but wish you the best of luck and travels.

Mrs. Jean Sanders, R.N., has resigned as of June 15th. Coffee and cake were served at "coffee break", June 13th. A very pretty nightie was her gift from all of her Edgemoor friends. Mrs. Sanders also expects to do some extensive traveling.

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GREETINGS FROM THE FRIENDLY CLUB

by Mrs. Willanger

The meetings are held as usual. These last months more and more patients have taken part in the programs that are very encouraging to all of us. The 14th of May we had a big celebration - Friendly Club was four years old.

At the present time one of our officers is in the hospital with a broken leg. We welcome back our president, Mrs. Kent, from her hospital stay. Friendly Club has now furnished cushions for all the seats in the Chapel. We think it was a worthwhile gift. We have sent out a number of "Get Well and Cheer Up" cards and will continue to do so.

C-1 NEWS

by Ellen Kroll, Attendant

WHEEL CHAIR REVERIES

Although I'm poor I sit a queen;
My wheelchair is my throne.
My kingdom takes in all I see,
And all these things I own.

My neighbors pass in gay attire;
I see them as they go.
Sometimes I nod or wave to them,
Those whom I chance to know.

My humble cot, a palace grand;
White daisies, flowers rare,
They bloom within my garden gate;
Their perfume fills the air.

Lofty hills with mighty trees,
And birds of every kind,
Are found in this my wide domain
By those who are not blind.

Silvery streams glide in and out
Among the meadow grasses,
And little frogs their chorus keep
To cheer the one who passes.

I gaze upon contented herds
In nearby pastures grazing,
Or lying 'neath some shady tree
When summer's sun is blazing.

Such lovely views I have at night,
The moon on river glowing,
A path of silver it becomes
To guide me where I'm going.

My horses prance with heads held high
Their nostrils wide with breathing
Their sires from ancient sturdy stock
A noble strain bequeathing.

My little car, a gilded coach
A thing of rarest beauty.
My husband's in the driver's seat,
A coachman at his duty.

All things I own that I can see
In my imagination.
My home is just a little house,
A wheel chair is my station.

In my mind's eye I am looking back around the year of 1953 when I first came to Edgemoor Farm. To the right of Santa Maria a huge barn housed cows and pigs and such. Prisoners from the County mostly cared for this work and I have heard said that food such has not been eaten since was raised in the garden.

This was about the time that the farm left Edgemoor, it became a retreat for the elderly. This also was about the time that Mrs. Quigley came, in fact she was here a little before I came. Looking back I see Miss Yount with her little perky cap traipsing up the hall. Not forgetting Miss Brans, Mrs. Devlin and Dolly Williams and never forgetting the good memories of our own Mrs. Keller.

Working in C-1 as I have for so long I have not had the privilege of knowing very much of what goes on outside. The Custodial wards have been changed for the better and the patios for the ladies are something that anyone would love to have for a back yard. The big beautiful trees on the east side and Steve's lovely roses that climb on the fence on the west side.

Steve, have you ever wondered how much happiness and pleasure these roses have brought? I'm sure they must get their fingers picked as they have no shears to cut them but when they come in from the yard, some always have a bouquet in their hand and generously offers flowers to everyone or wants you to smell their fragrance. Many of them have nothing much left but they still seem to know the beauty of a rose or a kind word. To all of Edgemoor I hope that it will be a home to them as long as it is needed.

C-2 NEWS

Working in C-2 Mr. Hamblin was asked for some historical news for the Bulletin and he said "Anything that happens here may become historical but while it's happening it is more on the hysterical side".

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A-1 NEWS

by F. Brown, Attendant

The past two months have seen a lot of packing and unpacking as many of our ladies have gone home - some to rest homes and others to Boarding Homes and as they leave new patients are coming in so there is never a dull moment.

We would like you to know our rooms all have new curtains, a nice soft shade of blue, quite attractive. Also some new shelves in each bathroom. We appreciate these things very much.

The ladies here received some very nice gifts at Easter time such as toilet soap, powder, hair nets and writing paper. We thank the Pink Ladies for their thoughtfulness in giving these very useful articles.

Mother's Day was quite a happy occasion for some of our ladies as many of them enjoyed the day at home with relatives. Others had friends out to visit.

We do wish to thank Doris Goode for so much fine entertainment that came our way the past two months. Especially did our ladies enjoy the Ice Capades, Circus and Ball Game. Everyone was delighted with the Scottish Pipers.

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A-2 NEWS

The weather has been so cool and nice everyone has enjoyed the park, croquet and shuffleboard. We have also had quite a lot of entertainment - parties in patio, Father's Day program, Singers, etc.

We have had so many to leave, some going home and some to boarding homes. We miss them all but we seem to get new ones to take their place.

Mrs. Goldbach has just returned from a class reunion in Pittsburg. States she had a wonderful time. Mrs. Flynn worked in her place and everyone liked her very much. Mrs. Zoffka is on nights and we hope it will not be for long. Mrs. Drews is able to be back to work on P.M. shift. We miss Mrs. Oakley and all the others who have retired - bet they are enjoying their long vacation.

REHABILITATION

by Florence Barach, Attendant

The idea of rehabilitation is probably as old as man's first physical handicap, but rehabilitation as a vital factor of an overall nursing program received its great impetus after World War II. Now the word "rehabilitation" seems to have almost a magical connotation. When a term becomes too popular, many misconceptions attach themselves to it. It is therefore important at times, to pause and re-examine meanings. Alice B. Morrissey, the author of the book "Rehabilitation Nursing", summarizes the program in these words: "The core of the philosophy of modern rehabilitation is centered upon a progress of wholesome adjustment to physical handicap by educating the patient to integrate all of his resources, and to concentrate more on existing abilities than on the permanent disabilities with which he must live in peace".

The patient and the worker both must recognize the guiding principle of the program - that only with the full cooperation and determined will of the patient can rehabilitation be accomplished. It is the handicapped person himself who must find the way to face life.

We at Edgemoor are truly proud of our Rehabilitation program. We have watched its humble beginning four years ago when some of the patients from the bedfast wards were placed in two so called "Rehab" wards. Immediately a new wonderful factor, hope, entered into their lives. Each day held out a new challenge, a new promise. Their hospital clothes gave way to personal clothes, wheelchairs gave way to walkers, walkers to canes and, invalidism gave way to the prospect of a healthy, even though limited, normal life.

Since its beginning our program has advanced remarkably, due in large measure to the far reaching vision of our Superintendent, Mr. Flaven, and our Director of Nursing, Mrs. Kuhn. In a new spacious gym-equipped Rehab building we try each day to make the philosophy of rehabilitation a living reality.

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In our Who's Who this month we present a very colorful personality, Mr. Andrew Young. Tall, portly, with a soft drawl and a pleasant smile, this gentleman was quite appalled when asked to go into the gym for exercise.

"Exercise, who, me?" he gasped. "Why, I've had every bone in my body broken at one time or another".

"How come?" he was asked.

His face lit up, he suddenly forgot broken bones and aches as he recounted: "Well, you see, back in 1908 I spent a year riding bucking horses with Buffalo Bill's circuit. There was a man - brave, tough, yet so kind and humane and considerate! Well, we opened in Madison Square Gardens. What a show! First some buffalo were turned loose in the arena, and then Buffalo Bill made his grand entrance, arid'en in, scanned all directions, and fired blank cartridges at the running buffalo. This act was followed by a stage coach with six mules. The Indians would come in and attack the coach. Then the cowboys came in from the other side, whip the Indians and rescue the stage coach.

Next came prairie schooners, traveling across the range with small fires glowing

on the sidelines. Cowboys and cowgirls circled around on horseback dancing a quadrille, caller and all - my, it was exciting! In the last act a troop of Mexican ropers would lead in the bucking horses. That's where I came in. We put saddles on them, and then, boy, we all went to town!" "Oh", he said with nostalgia in his voice, "I could tell you lots of stories. I'm writing a book 'Forty-Five Years in the Saddle' - got lots of material, but it's kinda hard putting the words down in the right way".

"Wonderful", his interviewer said, "Meanwhile, how about a little exercise?"

"Well, I'll try anything once. Let's go to the gym".

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Mr. Jacob Wilson, our 98 year old retired architect, still accepting "commissions". Want a lovely plan for your dream home? Consult Mr. Wilson. Payment for plan - appreciation and good will.

Mr. Sherwood Jenks - Fifty years ago Mr. Jenks with his brother and sister bought 2500 acres in Eucalyptus Hills. Price per acre - $7.00.

Our thanks to Mr. Frank Munsch for the fine pants stretching job he does for R-1. Incidently if you ever hear operatic strains coming from here they belong to Mr. Munsch. He's very talented and very modest.

Mr. Joseph Seabourne, Ella Moody and Julie Weilein celebrated birthdays this month. Helen Kent has returned from County Hospital and said it sure is good to be back in good old Edgemoor. Welcome Helen!

Mr. Vine and Mr. Stone are rendering first class services as cashiers at the Canteen. Mr. Secundio Hernandez, after two weeks in Rehab, has discarded wheelchair and walker and is now proudly walking with a cane. Muy bueno! We appreciate the fine dependable dishwashing services of Mrs. Blanche Day and Rose Mary Dorsch.

Mr. Clifford Porter, a one time card table salesman, now has full time employment as water jug supplier for R-1. Julie Weilein and Rose Mary Dorsch capably perform the same services on R-2. Mr. John Weber insisted on cutting down his cane three inches. We suggested that with good therapy and cooperation, his posture would so improve that he would grow up to the cane --- the idea was accepted -- results satisfactory.

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Mrs. Robbins, R.N., who was in Rehab since its opening over a year ago, has left for duty in Santa Maria. It was our privilege to have worked with so fine a nurse and so good a person. Welcome, Mrs. Florence Winward, R.N., to Rehab. Happy "pulling" together.

Our little Annie Robinson left for a family reunion in Louisiana. Jewel Davis is vacationing. Hurry back, the boys are waiting for your expert barbering.

Many of us who have early recollections of Edgemoor remember that place "off the road" between El Cajon and Lakeside, where the County's Old Folks were lodged

and cared for and produce was raised for the other County Institutions.

The dedicated ones who have worked here have been the foundation on which our service has been built and has helped to create the warm atmosphere with personnel supporting each other's activities. Such a climate helps our patients improve, and many look forward to returning to their own home or to learn to care for themselves again. To those who stay, a feeling of security is offered as they are cared for by trained personnel.

In our Santa Maria Building, we have one attendant who was here for the dedication of the building - and to her, and the other dedicated ones - this poem was presented as a tribute.

BEATITUDES FOR FRIENDS OF THE AGED

Blessed are they who understand
My faltering step and palsied hand,
Blessed are they who know that my ears today
Must strain to catch the things they say.
Blessed are they who seem to know
That my eyes are dim and my wits are slow.
Blessed are they who looked away
When my coffee spilled at table today.
Blessed are they with a cheery smile
Who stop to chat for a little while.
Blessed are they who never say,
"You've told that story twice today".
Blessed are they who know the ways
To bring back memories of yesterdays.
Blessed are they who make it known
That I'm loved, respected and not alone.
Blessed are they who ease the days
On my journey Home, in loving ways.

Esther Mary Walker

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The LVN students have once again graced us with their presence. Our patients are once again sporting street clothes rather than the hospital gowns we are so accustomed to seeing, and very pleased about it, too. Patients and staff are becoming more involved with rehabilitation work as time goes on. It is so encouraging to see our patients progress and go on to better things.

One of our patients in Rehab, Mr. Stone, is justly proud of one of his sons. The young fellow is soon to fly to the Indian Ocean via Hawaii and Hong Kong where he will board the Argo, the research ship from Scripps, on which he is an electronics engineer.

Mrs. Taggart, a patient in Rehab, has twelve great grandchildren. We hope that at least one of them has learned the folk songs Mrs. Taggart herself learned from her grandmother 77 years ago.

We were all pleasantly surprised when Lillian Woodall (Woody) dropped by for coffee break and a chit chat.

AS I REMEMBER EDGEMOOR

by Mary Smith, Attendant

I came to Edgemoor the day Santa Maria Building was officially opened to the public. I ate my first dinner here, after the dedication ceremony. It was a wonderful meal provided mostly from the farm. I remember fresh milk from the dairy, vegetables from the County farm land and pork chops from County raised pigs.

The first days of work were hard and confusing. The building was beautiful but supplies, much needed, had not yet arrived. We worked diligently and with difficulty. We were in a strange new place. Most of us were from the city, did not know that a hospital could be operated on wells and septic tanks. Since then we now have a sewage disposal plant and reclaimed water enough for lawns and trees. Also we are on a public water system. Another thing we were not accustomed to their phone system. You could receive a phone call at the private quarters or hospital but you could not call outside. It was explained to us that we had the Honor Camp boys living on the farm and they were not to call outside. They ate in our dining room, labored on our farm. Since the farm was discontinued they also have been transferred from here. Also there was no paving on the place. Now we have paved roads and parking areas.

Edgemoor has come a long way from a farm to a Geriatric Hospital for our patients. C-1 and C-2 were remodeled into a new building both in structure and in procedure. Before each patient was in a single room closed at night. The new building is with all rooms open and a ward-like arrangement with several in a room. Last but most important came our new rehab building. Here was a beautiful place for men and women to feel like going back to their former life before physical difficulty beset them. They could express themselves, dress up, play games, have a bingo club, make articles to sell through the Gift Shop, use their talents in song and musical instruments at their Friendly Club or use their minds in quiz contests. There was treatment supervised by trained staff to care for their ailments, a gym to work out ailing limbs, a hydroculator to have heat packs applied to withered muscles, a whirlpool for direct relief and a good group of employees to carry out the work these people needed badly.

This is new to Edgemoor but a happy center where life can take on a real meaning to its patients. They just know they can overcome physical difficulty and once again return to their way of life. We are so happy for them, and to be here and be able to assist in this great work.

Yes, as I remember Edgemoor, it has come a long way, and I believe firmly in its future. I know it is going to gain City, County and State recognition as outstanding.

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We hope everyone is happy with the rotating days. We welcome Mrs. Washburn and Mrs. Hawksworth to our ward. Sorry to lose Mrs. Stillwell who went to B-3. By the way, Mrs. Stillwell had a lovely time at the Seattle Fair.

We are waiting for the Pink Ladies to do up the patients' hair for the coming hot weather. They do such a lovely job and see to their comforts.

B. Wilderman, Attendant

STOREROOM REMINISCENCE

by Earl Hosfield, Storekeeper

I can't tell you a thing that happened or how things were here at Edgemoor forty years ago, or for that matter even twenty years ago, Bob Kelley can fill you in on that. I have seen considerable changes in the eleven years that I have been here.

I had the pleasure of meeting, and later knowing, Dave Sloan. He was the Superintendent when I came in for my interview for the position I now hold. Dave took me on a complete tour of Edgemoor, that is everything except the Storeroom. I never could figure out why he shied away from that except maybe he thought I might not like what held forth as a storeroom. The storeroom was the old ice house and dairy building, the office in the little building adjacent to it.

It is rather hard to imagine how Edgemoor got along with as few supplies as they did. There was not one item carried as office supplies in the storeroom - it is now our largest stock account in the number of items carried. The office supplies were doled out from the Superintendent's office by Marge (Sloan) Clemens, now Marge Moffat of Central Nursing Station. She had a little cupboard in which a few office supplies were carried. The storeroom did have a small supply of sundry items of clothing, medical, soap, etc., and what was probably the most important, tobacco. Everyone who smoked or chewed was issued smoking tobacco, pipes, or even Copenhagen Snuff. The carpenters had no inventory of nails or lumber, those were bought almost by the pound and the lumber just enough to do the job at hand. It was a daily occurrence to run down to Hall's to get a pipe fitting to do a job that came up. This is no reflection on those in charge, it is just that money was hard to come by in their time, the budget was a fraction of what it is now. Where now we order Flu and Polio vaccine, then we purchased Hog Cholera vaccine. We bought tons of cattle and chicken feed, salt licks and molasses for the dairy cows.

Bob Kelley and Tommy Bell had regular truck trips to Anthony Home, County Hospital and County Jail early each morning with our milk, cream and surplus vegetables. Much could be said about the rewards from Edgemoor produced meat, eggs, poultry and vegetables in the way of delicious beef roast, pork chops and all that goes with having an abundance of food as was grown here at Edgemoor. Ask anyone who ate in the Dining Room about the meals, but be sure you have a lot of time to spend in the listening to their glowing accounts of how it was then.

As the patient load grew larger it was decided to remodel the old bull barn. It was transformed into a modern storeroom under the supervision of Chief Engineer John Kaddy. The barn had been used for the storage of old furniture, trunks, suitcases, and even a couple of old pump organs after the bulls were sent to where all good bulls go. To say that the job of remodeling was a Herculean chore would be a gross understatement, you would have to see it to believe it. The walls were a mass of fly specks and dirt, the floor old planks and rough concrete. For those of you who have never visited the storeroom as it is now, you are all cordially invited to do so.

OUR DOCTORS SINCE 1948

by M. Briggs, Head Nurse

In 1948 on my arrival at Edgemoor we had one physician to care for approximately 200 patients. He was Dr. Randall Knox.

Dr. Knox was a member of a pioneer family who settled here in the valley many years ago. He was a general practitioner and saw many of the local citizenry through illnesses and childbirth. He was beloved by all. Dr. Knox was a colorful gentleman who enjoyed beautiful gardens of flowers, many times opening his home and gardens for the general public to enjoy. He was especially fond of roses, camellias and sweet peas. He was also a colorful horseman taking part in the many local parades.

Dr. Knox was responsible for the development of the health and medical program of the patients at Edgemoor at that time. He realized the need and value of registered nurses and encouraged his sister, Mabel Knox, who was an R.N., to assist him in this development. Miss Knox served many years as "Chief Nurse" (although not known at this time as this position) and was responsible for "setting up" of the sick ward or Infirmary.

When Dr. Knox went on vacation he was relieved by Dr. Tim Richey and so when Dr. Knox reached the age of 70 and was retired from County Service in 1949 it was Dr. Richey who replaced him. Dr. Richey (also known as Dr. Tim to many of our old folks) although not a local boy, has been around the valley for many years; having a private practice before going into the armed services. On return from the armed service Dr. Richey became very interested in anesthesia and now devotes all of his time to this field of medicine.

Dr. Richey was Chief of the Medical Service here at Edgemoor. He was a builder of the bodies and minds of the men and women he served. In this he was an artisan and craftsman revealing these abilities in his wisdom and in his teaching. Because he treated each patient as an individual and allowed each employee to express himself in his own way, he made everyone feel his importance to each patient and Edgemoor.

In 1951, when the new Santa Maria Building was completed and ready for occupancy, and we received our first 169 patients from Camp Elliot, we met our second physician, Dr. Frederick Allen. Dr. Allen already knew all of the patients as he had cared for them at Camp Elliot and they loved him dearly. Thus an old face in a new situation. Because of the patients deep love for Dr. Allen he soon endeared himself to all of the nursing personnel and the patients already here at Edgemoor.

As the years went by Edgemoor admitted more chronically ill and hospital-type patients and so our needs became greater. It became necessary to have a full time physician. Dr. Richey's tour of duty came to an end because he was unable to give us his full time. Dr. Everett Carmody became Chief of Geriatrics. During this transitional period many new rehabilitative techniques were started as the research project in the Novocaine therapy, segregation of patients according to their potentials, etc. About one year later the new Rehabilitation unit was opened and extensive rehabilitation procedures were started.

Because of a greater opportunity to contribute to his chosen field Dr. Carmody

left to become Director of Geriatric Rehabilitation at the Long Beach General Hospital. At this time, also, Dr. Allen was called to serve in another capacity within the County Medical Institutional Organization.

Now we have two full time physicians. Dr. Romaine Trainor and Dr. Henry A. Terry.

Dr. Trainor came to us from County Hospital. He enjoys caring for the ill and critically ill patients. His assigned duties are in the Santa Maria Building. He is interested in art and music. He feels the work here is very gratifying.

Dr. Terry is well known to many of our patients having previously met them at the County Hospital and in his private practice. He is rapidly endearing himself to both patients and employees through his kindness and understanding of the geriatric patient.

Since the Santa Maria Building opened we have had as our relief physicians Doctors Kerwin, Woro, Peterson and Mattera. These were all excellent physicians who upheld the standards of our regular staff physicians.

All of these physicians have contributed and continue to contribute to the development of a great humanitarian service, started on a small scale, farm type home for the care of the indigent and aged people of San Diego County. Our progress has been phenominal and we are now a Geriatric Hospital caring for more than 500 patients daily, with many happy and better plans for the future.

****

FAREWELL NOTE FROM
MR. & MRS. ROY ALLEN

by Friendly Club

Mr. & Mrs. Allen have had a pleasant stay at Edgemoor. Everyone has been so lovely to them. They especially enjoyed coming to church on Sunday and to the Friendly Club on Monday. Mr. and Mrs. Allen were active members - always taking part in the Bible quiz. Many times Mr. Allen was the only male contestant but that did not bother him. We missed them when working hours and sickness interferred with the Friendly Club meeting. Otherwise they both were in their seats every Monday for a year.

They both were unable to come to the last meeting so we did not have the pleasure of wishing them good luck and to thank them for their service to the Friendly Club.

IETARY NOTES OF INTEREST

by R. Connell,

In January of 1951, the year of renovation and rebuilding of Santa Maria Building, about 169 patients were transported from Camp Elliot Annex to Edgemoor. While at Camp Elliot all food was prepared in a main kitchen and hauled by truck to the Hospital buildings. At that time the Dietary staff consisted of one Chef, two Cook II, three Cook I and ten Kitchen Helpers.

During these years Edgemoor was known as "The Farm", a place for the old people to go when they were no longer wanted.

Prior to 1954 practically all foodstuffs used in Dietary were raised on the premises of Edgemoor. Cows for milk and beef, pigs, chickens and all sorts of fruit and vegetables.

Patients sat at large wooden tables (eight to a table), hard wooden chairs. Food was served on heavy china dishes easily chipped and broken. No napkins on the tables, the flatware required much care to prevent rusting from the hard water in use.

Fuel oil was used for cooking purposes in the kitchen. There was no potato peeler and all dishes and utensils were washed by hand. People were called to their meals with the loud clanging of an old cow bell.

Then in 1954 came the big change at Edgemoor. No longer were we the Poor Farm. We became a licensed Geriatric Hospital and things became much better. No longer did we have to depend on Honor Camp inmates to harvest the crops, pick the eggs from the chicken houses, milk the cows and all the ranch type chores.

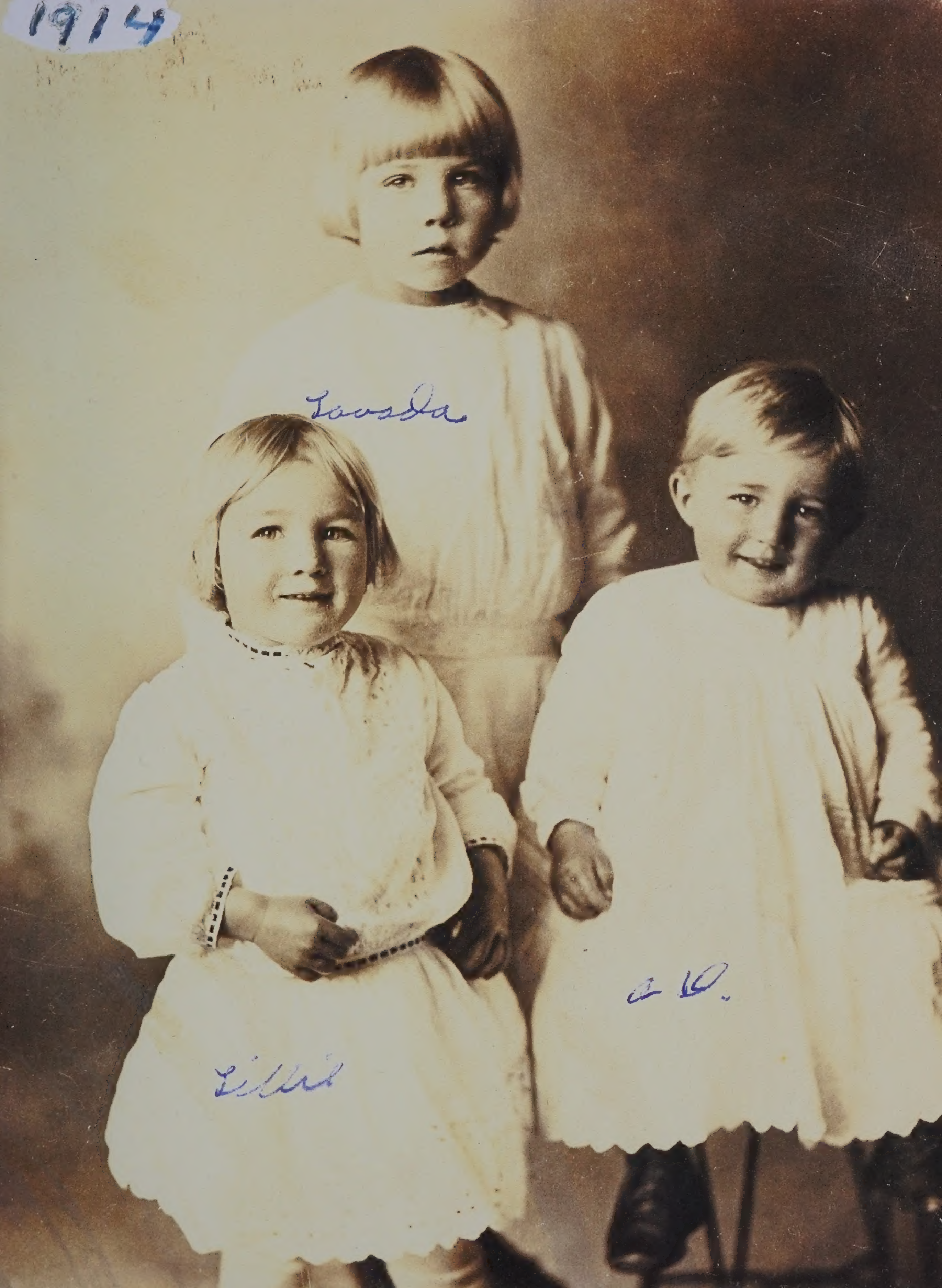
All of our foodstuffs are purchased through the County Purchasing Agent and are of the best quality. The wooden tables and chairs in the Dining Room were replaced by chrome plated tables and comfortable chairs. Napkins in holders were placed on all the tables, stainless steel flatware and lightweight plastic dishes were put into use.

Dietary staff increased to a total of 43 people - one Chef, three Cook II, one Baker, one Meat Cutter, five Cook I and thirty-three Kitchen Helpers to contribute their share of the work load for nearly 500 patients.

In 1961 a large peg type automatic dishwashing machine and three large garbage disposals were added to the kitchen spaces. The kitchen equipment was relocated to better perform its functions.

The Mealpack Hot Food system is used to furnish cart and tray service to all of our patients who are unable to eat their meals in the Dining Room.

Food Service to the patients has greatly improved since we have become a Geriatric Hospital.

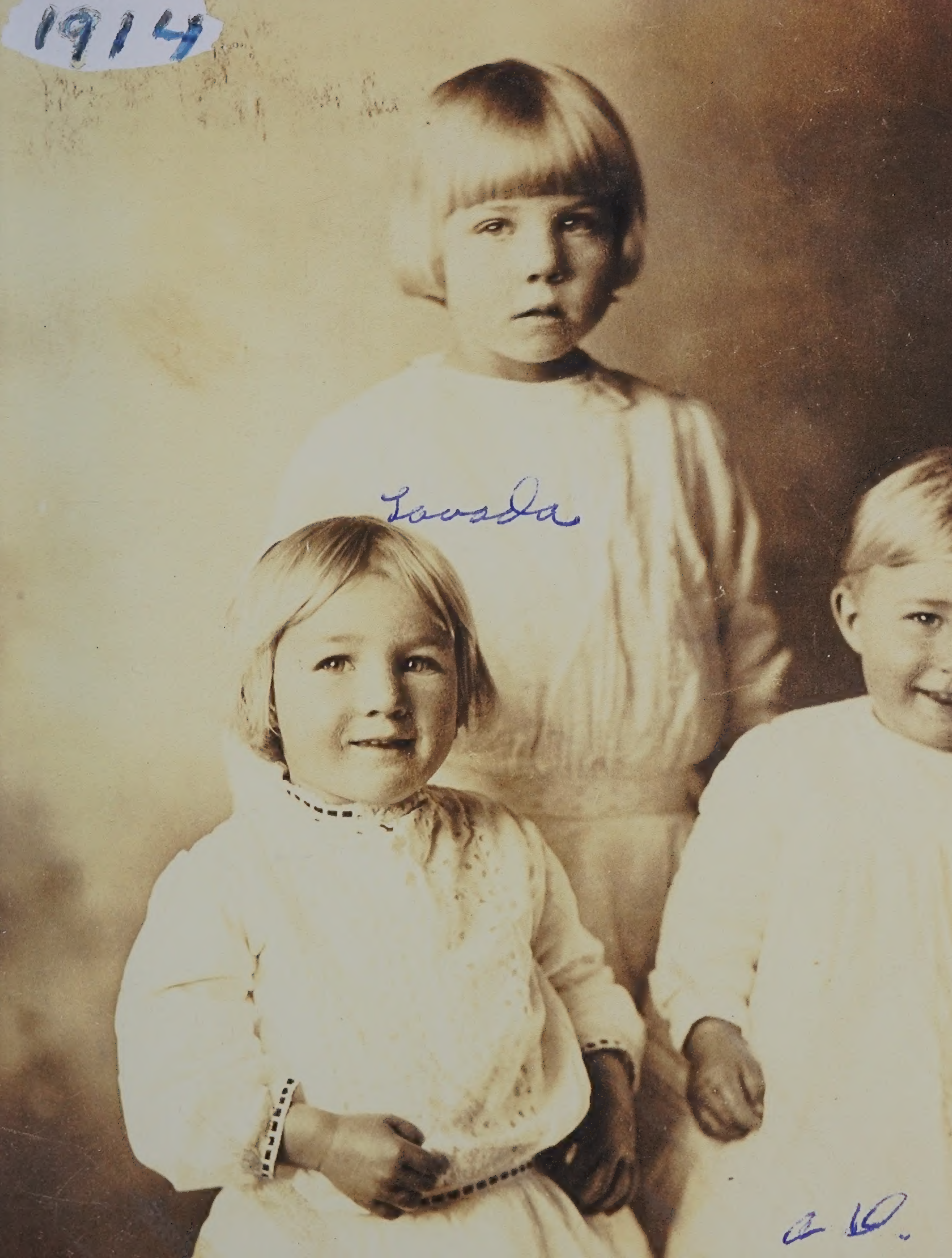


1914

Lousda

Lillie

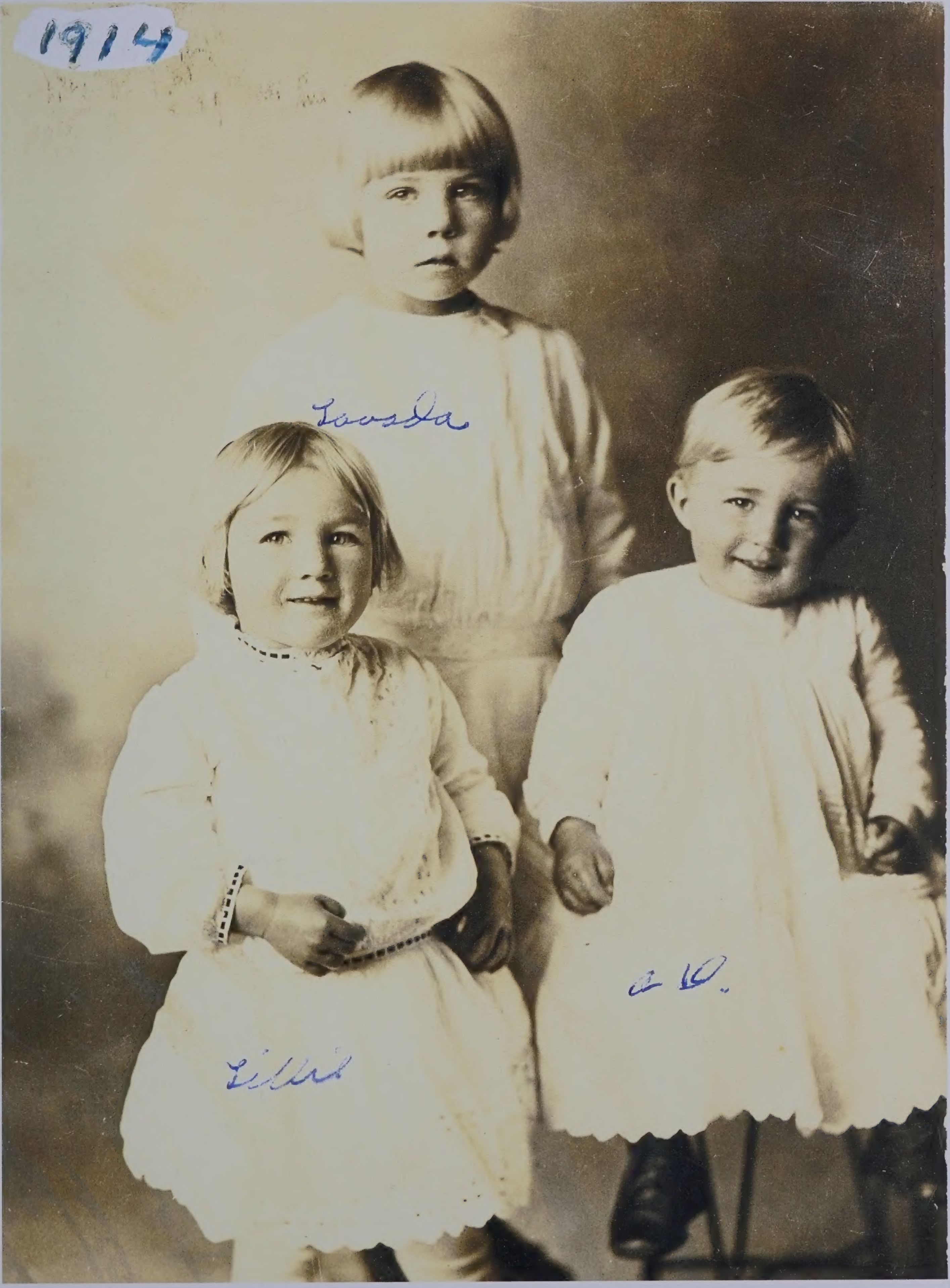
a W.

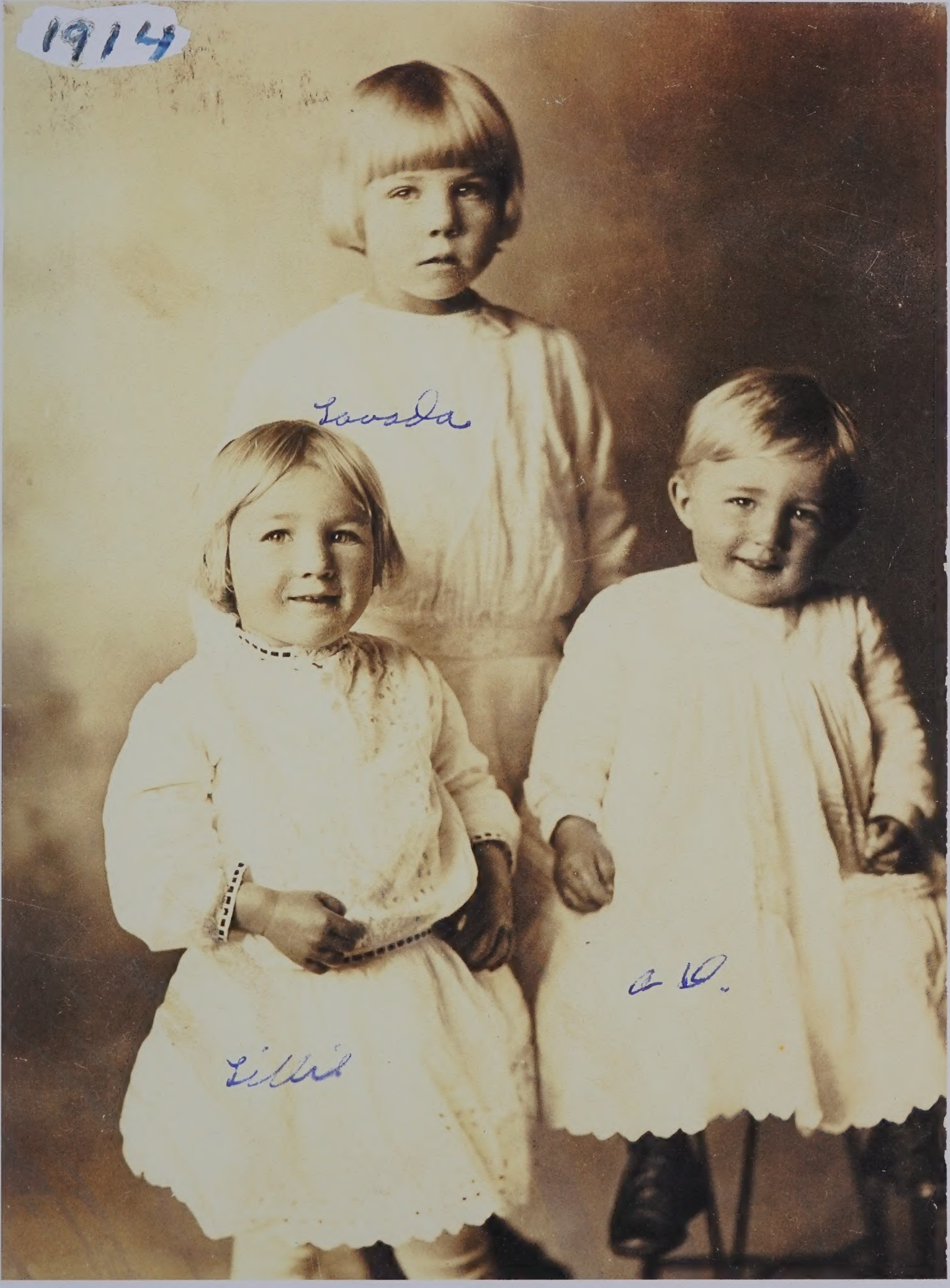


1914

Lousda

a W.


1914
Lousda
Lillie
A W.



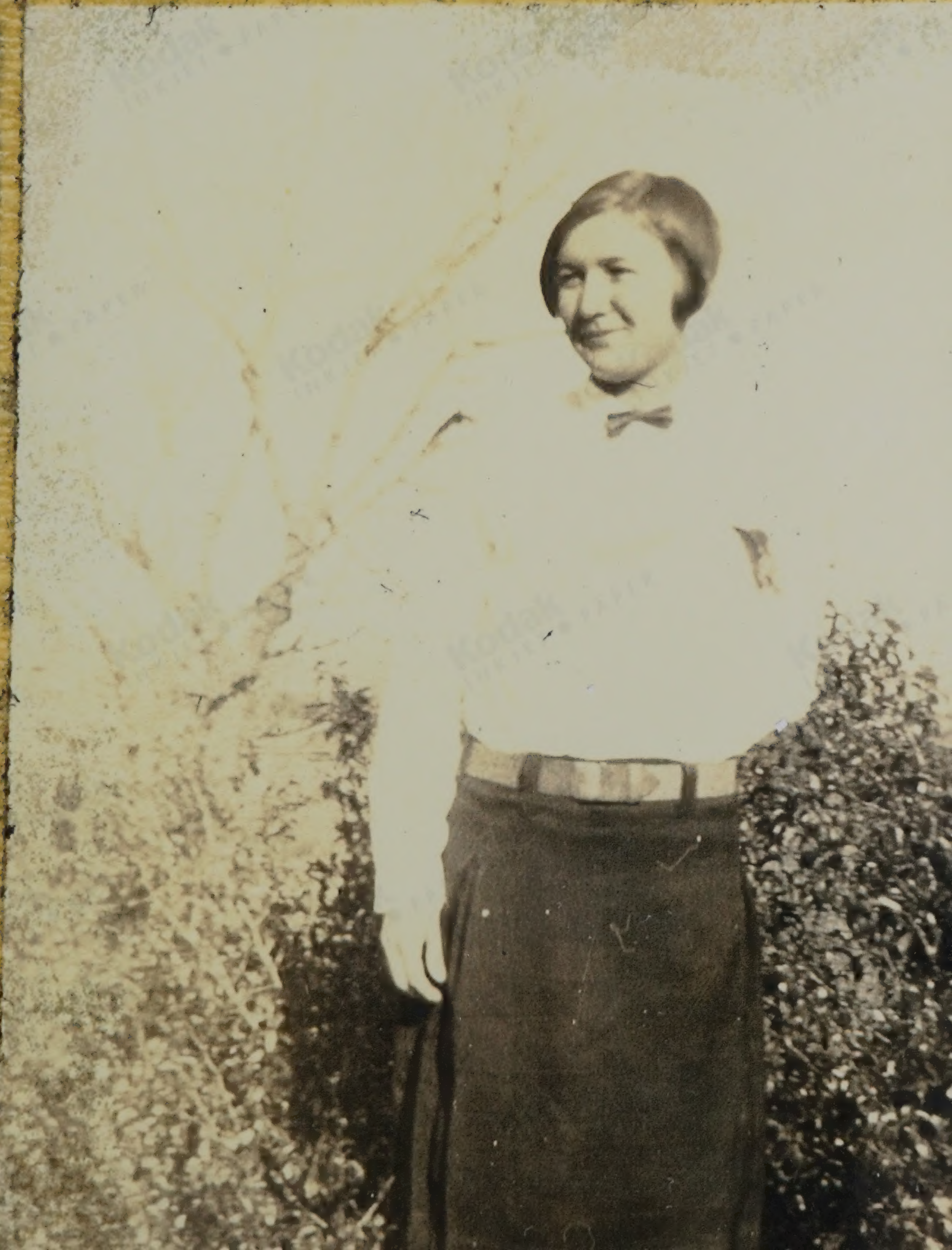
1914

Leasda

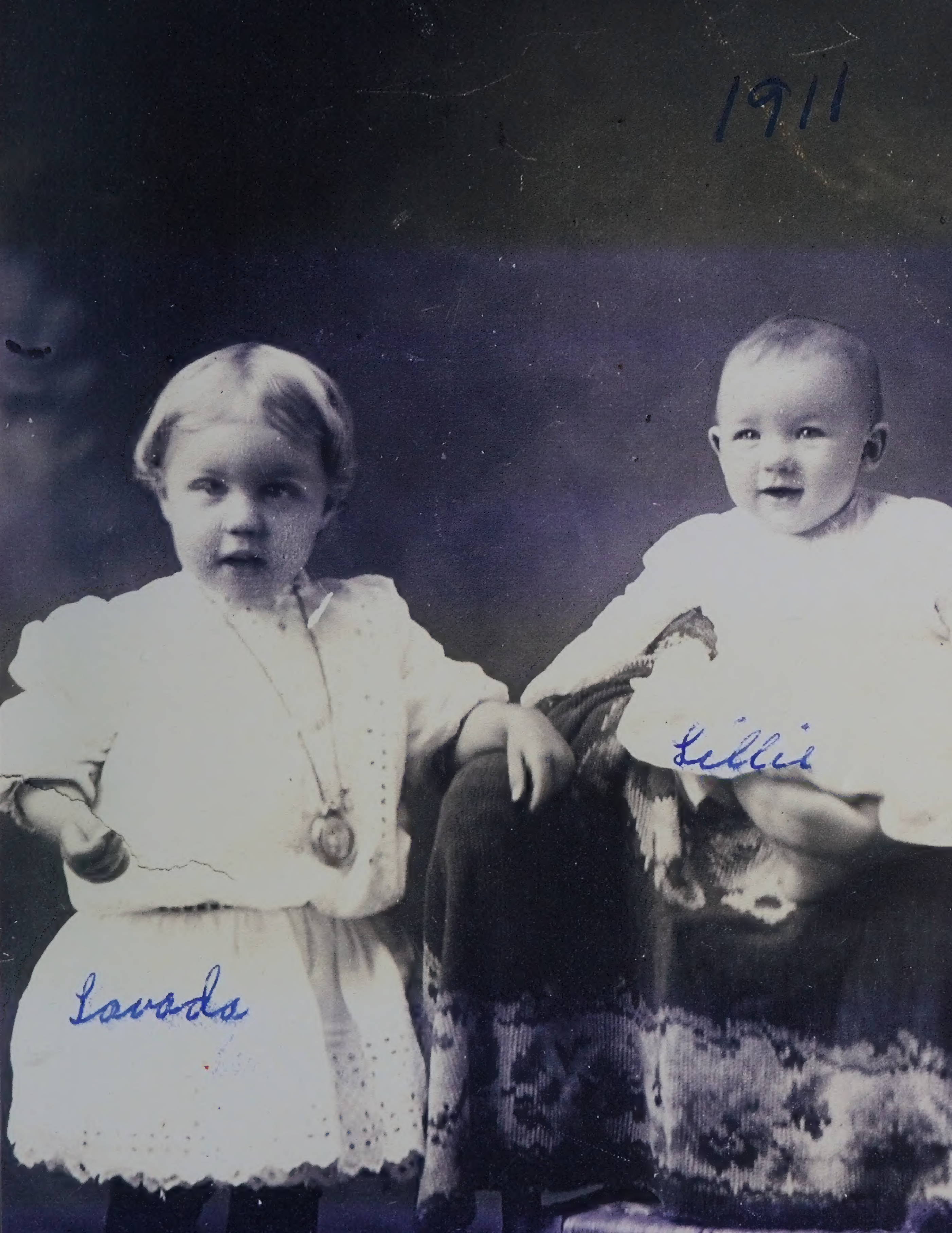
Lillie

A W.

Mother · 1926



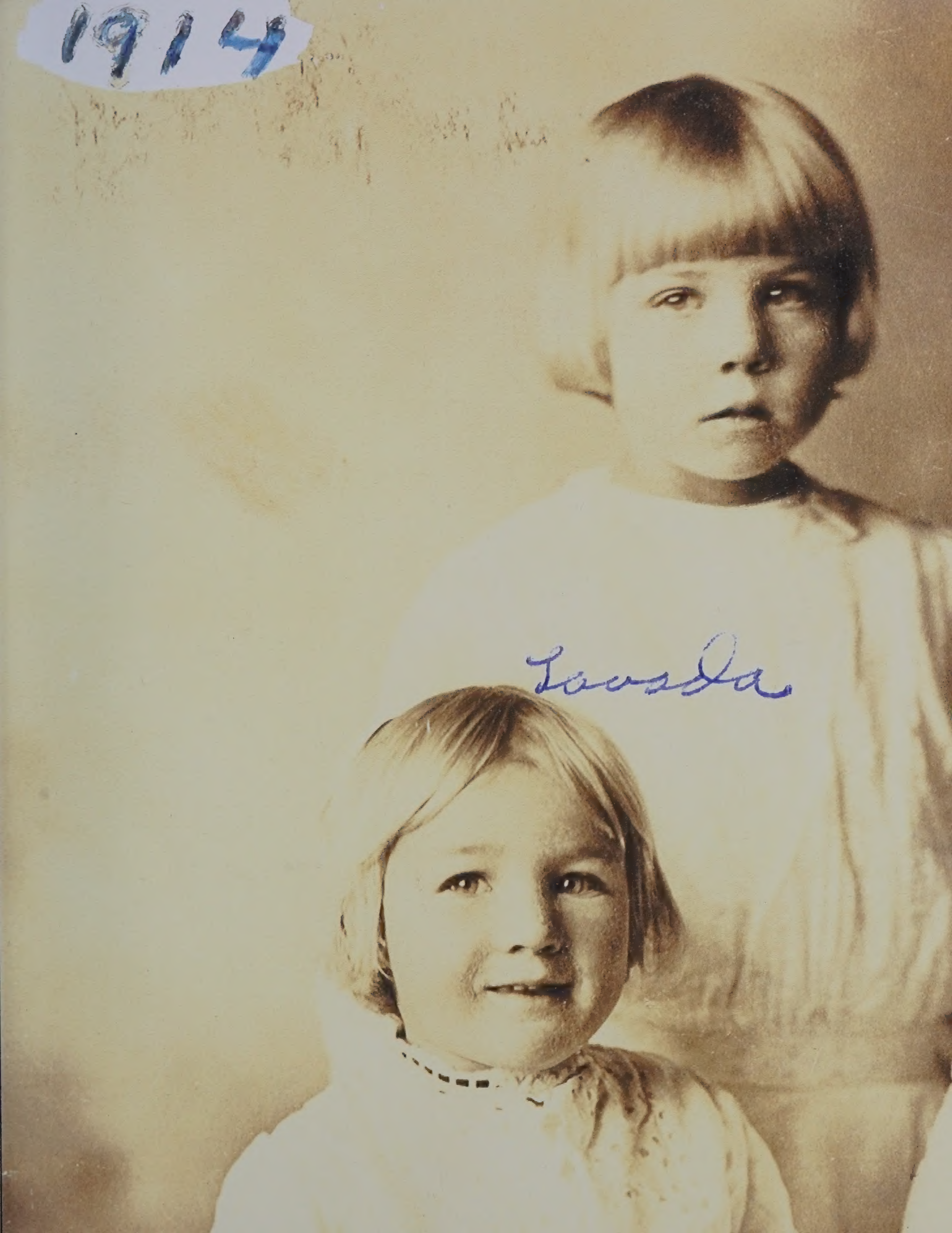
many a



1911

Lillie

Lavada



1914

Lausda

Standing:

James Calip Wood (Great grandfather)
Elton Wood ?
Oscar Perry Wood
Arthur Edward Wood (grandfather)
Dora Alice Wood (Grandma)
(1) Hester Wood } Husband
Lorrie Wood } Wife

bottom row:

1. Aunt Della Wood
8. Carrie (Caroline) Wade Wood (great grandmother)
9. Ada Wood (Perry Oscar's 1st wife)
11 Horace Wood
12 Theo Wood

Taken in Hamilton Texas M
Horace Thought

ancestry

***John Jackson Morgan* Patriot

BIRTH 1750
DEATH 1837
6th great-grandfather

Facts

Name
***John Jackson Morgan* Patriot

Gender
Male

Age 0 — **Birth**
1750

Age 87 — **Death**
1837

Family

Parents

Spouse & Children

*****Ruth Stallings***
1756–1853

*****Jesse Morgan***
1775–1859

Sources

ancestry

***Lillie Aloren 'Lillie" Wood*

BIRTH 30 AUG 1910 • Hamilton, Hamilton County, Texas USA
DEATH 06 JUN 1977 • *El Cajon, San Diego County, California USA
mother

Facts

Name
***Lillie Aloren 'Lillie" Wood*

Gender
👤 Female

Age 0 — **Birth**
30 Aug 1910 • Hamilton, Hamilton County, Texas USA

Age 9 — **Residence**
21 Feb 1920 • Justice Precinct 1, Scurry County, Texas USA
Lillie Aloren Wood age 9 lived with her parents Arthur 37 a farmer and mother Dora 35 a homemaker & sibs Theo 37, Horace 13, Lavada 10, AD 7, Dovie 05 & Essie 3, all born in Texas.

Age 9 — **Sears, Roebuck and Company**
***Lillie Aloren 'Lillie" Wood* most likely read or shopped from the Sears catalog from 1914–1930.

Age 18 — **Marriage**
22 May 1929 • Clarendon, Donley County, Texas USA
Married on the Court House Steps at closing time by the Justice of Peace.

*****Herbert Reed 'Herb' Ham***
(1903–1982)

Age 20 — **Residence**
1930 • Ventura, Ventura County, California USA
Husband worked as a "Roustabout" at an oil field in Ocean Beach, California. Was the head of household including wife Lillie age 20. Boarders, Robert Boberton 50, Elmer Johnston 24, Wesley M 31, Abe Lon 29, Benqt Siostrom 62, Jessie A Beury 34, Elmer 29.

Age 25 — **Residence**
1935 • Rural (Johnstown), San Diego County, California USA
Lived on a Turkey Ranch during the depression years. Herb built their two story home. Years later it became part of the Interstate, Highway 8 that run from San Diego into Arizona.

Age 28 — **Residence**
1938 • El Cajon, San Diego County, California USA
California, Voter Registrations, Lakeview Precinct ------------- Ham, Mrs Lillie - Rt 2, El Cajon, housewife. Was a democrat. Husband was a farmer.

Family

Parents

*****Arthur Edward Wood***
1882–1957

*****Dora Alice Littlepage***
1886–1953

Spouse & Children

*****Herbert Reed 'Herb' Ham***
1903–1982

*****Aloren aka Bennie Lee aka Bennielee Ham**
1930–

*****Willielee aka Willie Lee Ham**
1931–

*****Donald Lou Ham**
1935–1998

*****Mary Alice aka Maryalice Ham**
1938–

Sources

Ancestry Sources

1920 United States Federal Census

1920 United States Federal Census

1930 United States Federal Census

1940 United States Federal Census

California Death Index, 1940-1997

California Voter Registrations, 1900-1968

California, Voter Registrations, 1900-1968

Age 29 — **Residence**
1939 • San Diego, San Diego County, California USA
City Directory 1939 - Living at 3080 Main Street, San Diego County, California. Lillie was living with husband Herbert who was recorded as being a Rancher. In the same household was children Bennie, Willie and Don.

Age 29 — **Residence**
01 Apr 1940 • San Diego, San Diego County, California USA
Age: 29; Marital Status: Married; Relation to Head of House: Wife Herb was a farmer, own farm. 1440 38th Street, San Diego, California. In 1940 this was rural San Diego. Lived at bottom of steep hill. Car ride down fun but a little scary too.

Age 31 — **Residence**
1941 • San Diego, San Diego County, California USA
The Herbert Ham family lived at 3080 Main Street, San Diego, California. Herb was working as a laborer. The household Consisted of Wife Lillie who cleaned houses. Children was Bennie, Willie, Don and Mary Alice.

Age 32 — **Residence**
1942 • San Diego, San Diego County, California USA
Lived at 1000 S Magnolia (RFD1, Box 76), El Cajon, California. She worked as an Hospital Attendant.

Age 35 — **Residence**
1945 • San Diego, San Diego County, California USA
Herbert and Lillie lived at 4104 Broadway, San Diego, California.

Age 37 — **Residence**
1947&1948 • San Diego, San Diego County, California USA
San Diego, California City Directory --------------------Ham, Herbert R (Lillie A), husband was a Plumber, home 4104 Broadway.

Age 40 — **Residence**
1950 • San Diego, San Diego County, California USA
4104 Broadway, San Diego County, California

Age 44 — **Residence**
1954 • San Diego, San Diego County, California USA

Age 53 — **Residence**
1963 • San Diego, San Diego County, California USA

Age 54 — **Residence**
1964 • El Cajon, San Diego County, California USA
City Directory 1964 - Lillie lived at her husband Herbert Reed Ham At 670 South Anza, El Cajon, California in The Anza Trailer Park"

Age 59 — **Residence**
1969 • San Diego, San Dieto County, California USA

Age 59 — **Residence**
1969 • San Diego, San Dieto County, California USA

Age 66 — **Lillie A. Wood Ham**
6 Jun 1977 • San Diego, San Diego County, California, USA

Newspapers.com Obituary Index, 1800s-current

OneWorldTree

Ancestry Family Trees

Ancestry Family Trees

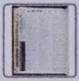
Social Security Death Index

Social Security Death Index

U.S. City Directories (Beta)

U.S. City Directories (Beta)

U.S. City Directories (Beta)


U.S. City Directories (Beta)

U.S. City Directories (Beta)

U.S. City Directories (Beta)

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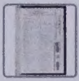
U.S. City Directories (Beta)

U.S. City Directories (Beta)


U.S. City Directories (Beta)

U.S., Find A Grave Index, 1700s-Current

U.S., Social Security Applications and Claims Index, 1936-2007

Web: BillionGraves.com Burial Index

Other Sources

Age 66 — **Death**
06 Jun 1977 • *El Cajon, San Diego County, California USA
Death Certificate-Cause of death was Leukemia, Passed away on the sixth instead of the 30th of June. Data from daughter of Lillie.

Burial
Jun 1977 • San Diego, San Diego County, California USA
Greenwood Memorial Park Cemetery, San Diego, Sand Diego County, California USA

Occupation
San Diego & El Cajon & Santee, San Diego County, California USA
1942 to 1945 during world War II works for Solar Aircraft Company and later was a Nurse's aide until retirement. Nurse's Aid at Edgemoor Geriatric Hospital, North Edgemoor Drive, Santee 92071 Phone 448-2411

Social Security Number
557-18-4505 Issued California before 1951

Family Data Collection - Marriages

Findagrave

***Arthur Edward Wood*

BIRTH 09 JUN 1882 • Limestone County, Texas USA
DEATH 26 JUN 1957 • Colorado Springs, El Paso County, Colorado USA
maternal grandfather

Facts

Name
***Arthur Edward Wood*

Gender
Male

Age 0 — **Birth**
09 Jun 1882 • Limestone County, Texas USA
Grew to be a tall slender man with grey eyes and brown hair that turned a beautiful white in his elder years.

Age 18 — **Residence**
16 Jun 1900 • Armour, Limestone County, Texas USA
Arthur E Wood 18 born in 1881 in Texas worked as a Hired man and lived in the household of Henry M Dunn 54, his wife Mattie 30 and their children Mable J 7, Louis G 5, and Lizzie I 1.

Age 21 — **Marriage**
23 Aug 1903 • Hamilton County, Texas USA
The couple married only once. They were married for 50 years and had seven children.

*****Dora Alice Littlepage***
(1886–1953)

Age 27 — **Residence**
19 Apr1910 • Justice Precinct 1, Hamilton County, Texas USA
Arthur E Wood 27 was born in 1883 Texas and was a farmer. Living with his wife Dora A 24, and children Theo 5, Horace 3, Dora L 1. Also in the same household was his brother 19 working on Arthur's farm as a farm laborer.

Age 35 — **Residence**
12 Sep 1917 • Clarendon, Donley County, Texas USA
World War I Draft Registration Cards, 1917- 1918. FHL #1953189. Born 09 June 1882 in Texas. As a grown man Arthur was tall & slender with gray eyes & brown hair. His occupation was that of a farmer & carpenter. He was marred to Dora Littlepage Wood.

Age 37 — **Residence**
21 Feb 1920 • Justice Precinct 1, Scurry County, Texas USA
Arthur's name was miss spelled as Esther Wood. He was 37 as a farner on a general Farm. Living in the same household was wife Dora 35, and children Theo 15, Horace 13, lavada 10, Lillie 9, AD 7, Dovie 5 and Essie 3.

Family

Parents

*****James Calip 'Jim' 'Bud by family' Wood***
1855–1926

*****Carolyn Wade 'Carrie-Wade' Ratcliff***
1857–1932

Spouse & Children

*****Dora Alice Littlepage***
1886–1953

*****Theodore Arvel 'Theo' Wood**
1904–1986

*****Horace Edward Wood**
1906–1993

*****Dora Lavada Wood**
1909–1949

*****Lillie Aloren 'Lillie" Wood***
1910–1977

*****AD Wood**
1912–1992

*****Dovie Perlies Wood**
1914–1994

*****Essie Edith Wood**
1917–2010

Sources

Ancestry Sources

1900 United States Federal Census

1910 United States Federal Census

1910 United States Federal Census

1920 United States Federal Census

1920 United States Federal Census

Age 47 — **Residence**
07 Apr 1930 • Precinct 2, Donley County, Texas USA
Arthur E Wood was 47 born in Texas in 1883, in the same household was wife Dora Alice 44 and children Lavada 21, Dovie 16, Essie 12 and AD 17.

Age 54 — **Residence**
Abt 1936 • Clarendon

Age 57 — **Residence**
01 Apr 1940 • Snyder, Scurry County, Texas USA
Home - No house #, 31 Street, Snyder, Scurry County, Texas. Arthur E Wood 57 a Stock Trader lived with wife Dora A Wood 54.

Age 75 — **Death**
26 Jun 1957 • Colorado Springs, El Paso County, Colorado USA
Died of a heart attack at age 75. Buried at Evergreen Cemetery, 1005 South Hancock Avenue, Colorado Springs, Colorado. As a young man was in hospital with Rheumatic Fever or Rheumatic Fever/Chronic.

Burial
Jun 1957 • Colorado Springs, El Paso County, Colorado USA
Buried at the Evergreen Cemetery, 1005 South Hancock Avenue, Colorado Springs, El Paso County, Colorado

Description
Arthur was a man 6 foot tall & slender & it's said he ate like a horse. His eyes were gray & hair brown. Loved his wife & children, especially Lillie. Carried rifle every place he went into late 1930's.

Occupation
A farmer, carpenter and a Trader in Stock

Social Security Number
551 14 8207 Issued before 1951

1930 United States Federal Census

1930 United States Federal Census

1940 United States Federal Census

Family Data Collection - Births

Family Data Collection - Births

Family Data Collection - Deaths

Family Data Collection - Individual Records

Family Data Collection - Individual Records

Family Data Collection - Individual Records

Ancestry Family Trees

Texas, Select County Marriage Index, 1837-1977

U.S. World War II Draft Registration Cards, 1942

U.S. WWII Hospital Admission Card Files, 1942-1954

U.S., Find A Grave Index, 1700s-Current

U.S., Newspapers.com Marriage Index, 1800s-1999

U.S., Social Security Applications and Claims Index, 1936-2007

World War I Draft Registration Cards, 1917-1918

World War I Draft Registration Cards, 1917-1918

World War I Draft Registration Cards, 1917-1918

ancestry

***Carolyn Wade 'Carrie-Wade' Ratcliff*

BIRTH 20 DEC 1857 • Dubberly, Webster Parish, Louisiana USA
DEATH 10 APR 1932 • +Clarendon, Donley County, Texas USA
great-grandmother

Facts

Name
***Carolyn Wade 'Carrie-Wade' Ratcliff*

Gender
Female

Age 0 — **Birth**
20 Dec 1857 • Dubberly, Webster Parish, Louisiana USA

Age 13 — **Residence**
1870 • 3 Ward, Bienville Parish, Louisiana USA
Ratcliff 's Harley age 48 born Georgia Farmer. Mother Martha age 48 born South Carolina, Children Louisiana age 20, Savannah age18, Georgia 16, Margret age 14, Carolyn age 10, Joseph age 9, Emma age 7, Lee age 5, Robert age 4 John age 2. All Born Louisiana

Age 20 — **Marriage**
28 Feb 1878 • Grosebeck, Limestone County, Texas USA
The couple had seven children.

*****James Calip 'Jim' 'Bud by family' Wood***
(1855–1926)

Age 23 — **Residence**
1880 • Springfield & Tehuacana, Limestone County, Texas USA

Age 43 — **Residence**
1900 • Justice Precinct 1, Hamilton County, Texas USA

Age 53 — **Residence**
1910 • Justice Precinct 1, Donley County, Texas USA

Age 63 — **Residence**
1920 • Justice Precinct 1, Donley County, Texas USA
Marital Status: Married; Relation to Head of House: Wife

Age 73 — **Residence**
1930 • Precinct 1, Donley County, Texas USA

Age 74 — **Death**
10 Apr 1932 • +Clarendon, Donley County, Texas USA
Buried at Citizen Cemetery, Clarendon, Donley County, Texas

Burial
Apr 1932 • Clarendon, Donley County, California USA
Buried at Citizen Cemetery, Plot: 3213 26. Find a Grave Memorial #31923976, Inscription: Mother thou art now at home. She is safe in her father's home above.

Family

Parents

*****Harley H Ratcliff***
1821–1904

*****Martha Ann Morgan***
1828–1909

Spouse & Children

*****James Calip 'Jim' 'Bud by family' Wood***
1855–1926

*****Cornelia Ella Wood**
1879–1879

*****Mary Della Wood**
1880–1963

*****Arthur Edward Wood***
1882–1957

*****Perry Oscar Wood**
1885–1967

*****Elton Delbert Wood**
1887–1962

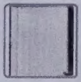
*****Lonnie Lee Wood**
1890–1963

*****JD Wood**
1901–1945

Sources

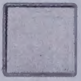
Ancestry Sources

1870 United States Federal Census



1880 United States Federal Census

1900 United States Federal Census



1900 United States Federal Census

1910 United States Federal Census

1920 United States Federal Census

1920 United States Federal Census

1930 United States Federal Census

Family Data Collection - Deaths

Ancestry Family Trees

Ancestry Family Trees

Texas Death Index, 1903-2000

Texas, Death Certificates, 1903–1982

U.S. and International Marriage Records, 1560-1900

U.S. and International Marriage Records, 1560-1900

U.S. and International Marriage Records, 1560-1900

U.S., Social Security Applications and Claims Index, 1936-2007

Web: Texas, Find A Grave Index, 1836-2011

ancestry

Martha Ann Morgan
1800's

***Martha Ann Morgan*

BIRTH 30 OCT 1828 • Florida USA
DEATH 05 OCT 1909 • *Hubbard, Hill County, Texas USA
2nd great-grandmother

Facts

Name
***Martha Ann Morgan*

Gender
Female

Age 0 — **Birth**
30 Oct 1828 • Florida USA

Age 17 — **Marriage**
19 Apr 1846 • Walton County, Florida USA

*****Harley H Ratcliff***
(1821–1904)

Age 22 — **Residence**
1850 • Western District, Bienville County, Louisiana USA

Age 42 — **Residence**
1870 • 3 Ward, Bienville Parish, Louisiana USA
Residence Post Office: Ringgold

Age 52 — **Residence**
1880 • Springfield & Tehuacana, Limestone County, Texas USA
Marital Status: Married; Relation to Head: Wife

Age 52 — **Residence**
1880 • Springfield & Tehuacana, Limestone County, Texas USA

Age 72 — **Residence**
1900 • Hubbard City, Hill County, Texas USA

Age 76 — **Residence**
25 May 1905 • Hill County, Texas USA

Age 80 — **Death**
05 Oct 1909 • *Hubbard, Hill County, Texas USA
Buried at the Fairview Cemetery, Hubbard, Hill County, Texas. There is a headstone.

Burial
Oct 1909 • Hubbard, Hill County, Texas USA
Fairview Cemetery

Family

Parents

*****William Morgan* Sr**
1819–1881

*****Rebecca Barefoot***
1821–1899

Spouse & Children

*****Harley H Ratcliff***
1821–1904

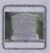
Mary Jane 'Molly' Ratcliff *???
1847–1899

Louisiana "Lou' Ratcliff
1849–1933

Savannah 'Sug' Ratcliff
1851–1920

*****Georgia Ann Ratcliff**
1852–1909

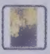
Margaret Eugenia Ratcliff
1856–1932


*****Carolyn Wade 'Carrie-Wade' Ratcliff***
1857–1932

Joseph Hiram Ratcliff **?
1859–1891

Cornelia Emma Ratcliff
1861–1939

Jessie L Ratcliff
1864–1949


*****Robert William Ratcliff**
1866–1944

John Edward Ratcliff
1868–1927

Nettie Shenwore Ratcliff
1870–1928

Sources

Ancestry Sources

1850 United States Federal Census

- 1850 United States Federal Census
- 1870 United States Federal Census
- 1880 United States Federal Census
- 1900 United States Federal Census
- OneWorldTree
- Ancestry Family Trees
- Texas, Death Certificates, 1903-1982
- Texas, Death Certificates, 1903-1982
- U.S. and International Marriage Records, 1560-1900
- U.S. and International Marriage Records, 1560-1900
- U.S. and International Marriage Records, 1560-1900
- U.S. and International Marriage Records, 1560-1900
- U.S., Confederate Pensions, 1884-1958
- U.S., Confederate Pensions, 1884-1958
- U.S., Find A Grave Index, 1700s-Current
- Web: Texas, Find A Grave Index, 1761-2012

ancestry

***William Morgan* Sr

BIRTH ABT 1819 • North Carolina
DEATH 02 APRIL 1881 • Meadow, Johnston County, North Carolina USA
3rd great-grandfather

Facts

Name
***William Morgan* Sr

Gender
Male

Age 0 — **Birth**
abt 1819 • North Carolina

Age 31 — **Residence**
1850 • Division 14, Alachua County, Florida USA
Morgan Family - Morgan's - William J Morgan age 55 born South Carolina a Farmer. Mother Rebecca age 45 born Georgia Homemaker. Children Sophia age 19 born Georgia, Martha E age 16 born Florida, Ann M age 10 age born Georgia, John J W age 4 born Florida.

Age 33 — **Marriage**
04 Jan 1852 • Johnston County, North Carolina USA

*****Rebecca Barefoot***
(1821–1899)

Age 41 — **Residence**
1860 • Neuse River, Newton Grove, Johnston, North Carolina, USA

Age 51 — **Residence**
1870 • Meadow, Selma, Johnston, North Carolina, USA

Age 61 — **Residence**
1880 • Meadow, Johnston County, North Carolina USA
Marital status: Married; Relation to Head of House: Self

Age 62 — **Death**
02 April 1881 • Meadow, Johnston County, North Carolina USA

Burial
1881 • Meadow, Johnston County, North Carolina USA

Military
North Carolina

Family

Parents

*****Nathan Allen Morgan***
1798–1874

*****Penellope 'Penny' Barber***
1795–1860

Spouse & Children

*****Rebecca Barefoot***
1821–1899

*****Martha Ann Morgan***
1828–1909

*****Serrundr Morgan**
1830–

Lavander Morgan
1830–1863

Sophia Morgan
1831–

Ann Mary Morgan
1840–

Sally A Morgan
1845–

John W 'J W' Morgan
1845–

William Morgan
1852–

Pecty Morgan
1855–

Nathan Morgan
1856–

Pleasant Morgan
1861–

Newet L. Morgan
1862–1914

Edward B. Morgan
1863–

Sources

Ancestry Sources

1850 United States Federal Census

1860 United States Federal Census

1870 United States Federal Census

1880 United States Federal Census

North Carolina Marriage Bonds, 1741-1868

North Carolina Marriage Collection, 1741-2004

North Carolina, Death Certificates, 1909-1975

North Carolina, Deaths, 1906-1930

North Carolina, Marriage Records, 1741-2011

U.S., Civil War Soldiers, 1861-1865

U.S., Find A Grave Index, 1700s-Current

ancestry

***Nathan Allen Morgan*

BIRTH 1798
DEATH 1874
4th great-grandfather

Facts

Name
***Nathan Allen Morgan*

Gender
Male

Age 0 — **Birth**
1798

Age 14 — **Residence**
1812-1814 • North Carolina USA

Age 27 — **Marriage**
5 Feb 1825 • Johnston, North Carolina, USA
*****Penellope 'Penny' Barber***
(1795–1860)

Age 32 — **Residence**
1830 • Johnston, North Carolina, USA

Age 42 — **Residence**
1840 • Lee, Virginia, USA

Age 52 — **Residence**
1850 • District 4, Johnston, North Carolina, USA

Age 62 — **Residence**
1860 • Upper Lafore Township, Yell County, AR

Age 65 — **Arrival**
12 Nov 1863

Age 76 — **Death**
1874

Family

Parents

*****Jesse Morgan***
1775–1859

*****Catherine C Dearen***
1782–1860

Spouse & Children

*****Penellope 'Penny' Barber***
1795–1860

- *****William Morgan* Sr**
  1819–1881
- *****Kinchen Morgan**
  1826–1884
- *****Susanna A Morgan**
  1826–1900
- *****Caroline Morgan**
  1829–1900
- *****Newit Morgan**
  1831–
- *****John Luke Morgan**
  1833–1923
- *****Hariett Barber**
  1840–1915
- *****Jackson Morgan**
  1842–1863

Sources

Ancestry Sources

1830 United States Federal Census

1840 United States Federal Census

1850 United States Federal Census

Abstract of Graves of Revolutionary Patriots

- Arkansas Census, 1819-70
- Muster rolls of the soldiers of the War of 1812 : detached from the Militia of North Carolina in 1812 and 1814
- North Carolina, U.S., Death Certificates, 1909-1976
- North Carolina, U.S., Deaths, 1906-1930
- North Carolina, U.S., Index to Marriage Bonds, 1741-1868
- North Carolina, U.S., Marriage Index, 1741-2004
- North Carolina, U.S., Marriage Records, 1741-2011
- U.S., Civil War Prisoner of War Records, 1861-1865

ancestry

***Jesse Morgan*

BIRTH 1775 • Nash, NC
DEATH NOV 1859 • Yell, Arkansas, United States
5th great-grandfather

Facts

Name
***Jesse Morgan*

Gender
Male

Age 0 — **Birth**
1775 • Nash, NC

Age 25 — **Residence**
1800 • Johnston, North Carolina

Age 35 — **Residence**
1810 • Johnston, North Carolina, United States

Age 37 — **Residence**
1812 • Sixteenth Company, Haywood County Regiment, NC

Age 45 — **Residence**
1820 • Johnston, North Carolina, United States

Age 55 — **Residence**
1830 • Johnston, North Carolina, USA

Age 69 — **Marriage**
23 Apr 1844 • Franklin, Virginia, USA
*****Catherine C Dearen***
(1782–1860)

Age 84 — **Death**
Nov 1859 • Yell, Arkansas, United States

Residence
Johnston, North Carolina, USA

Family

Parents

*****John Jackson Morgan* Patriot**
1750–1837

*****Ruth Stallings***
1756–1853

Spouse & Children

*****Catherine C Dearen***
1782–1860

*****Nathan Allen Morgan***
1798–1874

Sources

Ancestry Sources

1800 United States Federal Census

1810 United States Federal Census

1820 United States Federal Census

1830 United States Federal Census

Franklin County, Virginia, Marriage Bond Index, 1786-1858

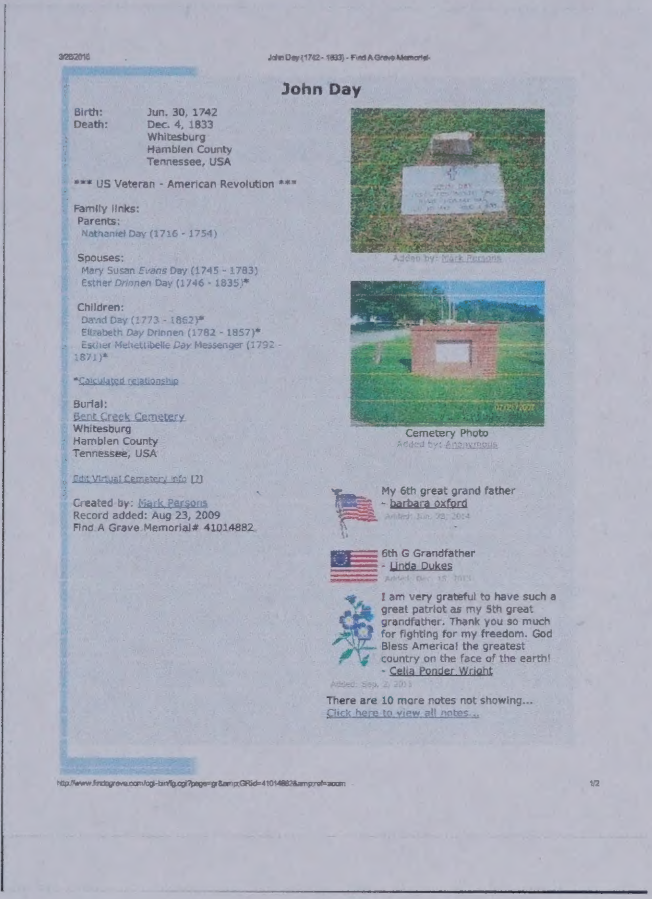
North Carolina, U.S., Compiled Census and Census Substitutes Index, 1790-1890

North Carolina, U.S., Land Grant Files, 1693-1960

Virginia, U.S., Compiled Marriages, 1740-1850

Virginia, U.S., Select Marriages, 1785-1940

Find A Grave Memorial #41014882



3/28/2016 John Day (1742 - 1833) - Find A Grave Memorial

John Day

Birth: Jun. 30, 1742
Death: Dec. 4, 1833
Whitesburg
Hamblen County
Tennessee, USA

*** US Veteran - American Revolution ***

Family links:
Parents:
Nathaniel Day (1716 - 1754)

Spouses:
Mary Susan *Evans* Day (1745 - 1783)
Esther *Drinnen* Day (1746 - 1835)*

Children:
David Day (1773 - 1862)*
Elizabeth *Day* Drinnen (1782 - 1857)*
Esther Mehettibelle *Day* Messenger (1792 - 1871)*

*Calculated relationship

Burial:
Bent Creek Cemetery
Whitesburg
Hamblen County
Tennessee, USA

Edit Virtual Cemetery info [?]

Created by: Mark Persons
Record added: Aug 23, 2009
Find A Grave Memorial# 41014882

Added by: Mark Persons

Cemetery Photo
Added by: Anonymous

My 6th great grand father
- barbara oxford
Added: Jun. 29, 2014

6th G Grandfather
- Linda Dukes
Added: Dec. 15, 2013

I am very grateful to have such a great patriot as my 5th great grandfather. Thank you so much for fighting for my freedom. God Bless America! the greatest country on the face of the earth!
- Celia Ponder Wright
Added: Sep. 2, 2013

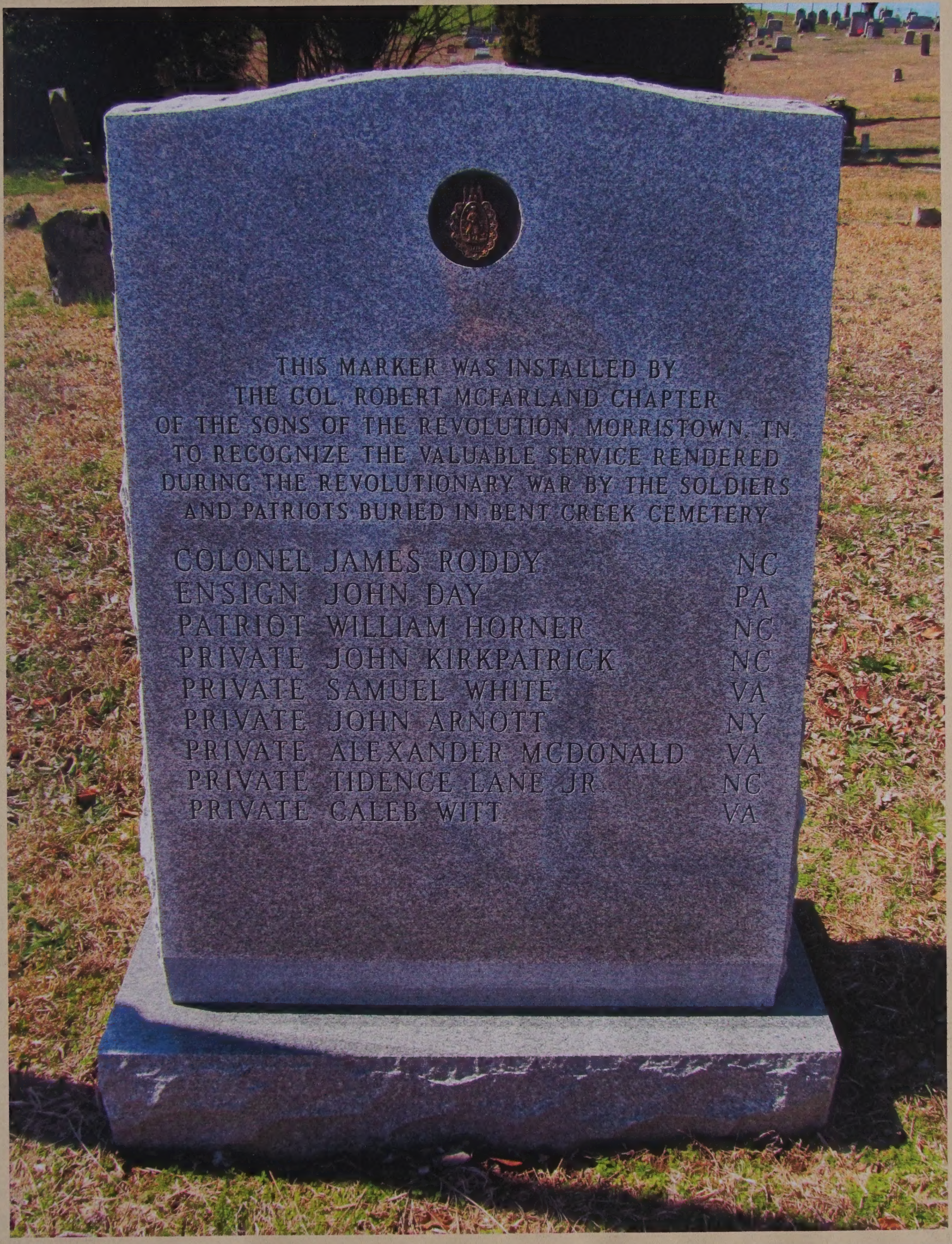
There are 10 more notes not showing...
Click here to view all notes...

http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&amp;GRid=41014882&amp;ref=acom 1/2

Date: 23 Aug 2009

Place: Whitesburg, Hamblen, Tennessee, USA

Description: Memorial provided for Find A Grave by Mark Persons.



THIS MARKER WAS INSTALLED BY
THE COL. ROBERT MCFARLAND CHAPTER
OF THE SONS OF THE REVOLUTION, MORRISTOWN, TN
TO RECOGNIZE THE VALUABLE SERVICE RENDERED
DURING THE REVOLUTIONARY WAR BY THE SOLDIERS
AND PATRIOTS BURIED IN BENT CREEK CEMETERY

COLONEL	JAMES RODDY	NC
ENSIGN	JOHN DAY	PA
PATRIOT	WILLIAM HORNER	NC
PRIVATE	JOHN KIRKPATRICK	NC
PRIVATE	SAMUEL WHITE	VA
PRIVATE	JOHN ARNOTT	NY
PRIVATE	ALEXANDER MCDONALD	VA
PRIVATE	TIDENCE LANE JR.	NC
PRIVATE	CALEB WITT	VA

Text Size – A +

John Day's Rev War pension app

Revolutionary War pension application: I hereby relinquish every claim whatever to a pension or annuity except the present, and declare that my name is not on the pension roll of the Agency of the State.

Quest. 1 - Where and in what year were you born? Ansr. - I was born the 30th day of June 1742 as I believe and in Bucks County, in Pennsylvania.

Quest. 2 - Have you any record of your age, and if so, where is it? Ansr. - My age is recorded in a big bible and here present.

Quest. 3 - Where were you living when you entered the Service; where have you lived since the revolutionary war, and where do you now live? Ansr.

- I lived in Botetout County in Virginia on the Waters of Greenbrier River when I volunteered into the Service, under Captain Paxton, And I lived in said County when I was appointed as Indian Spie under Captain Cook, and I lived still in that part during the Revolutionary War, and after that I moved to Jefferson County, Tennessee, about four years after Cornwallis was taken and have lived here ever since. It was first Green County and I now live in Jefferson County in the State of Tennessee and have lived in this County for more than forty years, or in what is now Jefferson County.

Quest. 4 - How were you called into Service; Were you drafted, did you volunteer, or were you a Substitute and if a Substitute for whom? Ansr. - I volunteered and went under Captain Paxton and went to the Point (Pleasant) against the Indians. - The Shawnee Indians.

Quest. 5 - State the names of some of the regular officers, who were with the troops where you served, such Continental and Militia Regiments as you can recollect, and the general circumstances of your Service.

Ansr. - The Shawnee Indians had come into Botetout County in the said State of Virginia and killed my brother David Day and taken my mother and two sisters Sally Day and Martha Day, prisoners, and also took some other property and made for their towns, the first night the Indians camped on a mountain, between Cape Capen River and Cedar Creek, and at that camp killed my mother Susan Day, (formerly Susan Wyley daughter of James Wyley as I understood). And Captain Fr raised twenty men, of which I was one. We followed said Indians, and when we came to the Indian camp aforesaid, there lay my mother dead, and stripped naked her head skinned; and we lifted her and laid her between two rocks and laid some rocks over her; And we followed on after the Indians, and the second day came in sight of them at their camp, and I raised my gun to shoot one of them, and just as I was about to draw trigger, I saw one of my sisters rise up right before the muzzle of my gun between me and the Indian; And I was so alarmed at seeing my sister rise before my gun that I involuntarily hollowed, which so alarmed the Indians that they broke and run, leaving the prisoners, and what they had at the camp, and run with all their might;

And we got the prisoners, property the Indians left at the camp, and brought all safe to the fort. After this I volunteered as stated above, under Captain Paxton, and in Company with Captain Hall, Col. Dickson, and other officers not recollected - There was a large supply of Beeves took along for rations perhaps 150, and a number of pack horses. We marched slowly until we came to the Point; Here we met with Genl. Hann; Major McDonel, Capt. Arbuckle, and other officers not remembered. While at the Point one white man was killed and Four Indians. I cannot exactly tell when we left home on this Campaign as I have no papers to help my memory, but it was in warm weather and suppose it to be the latter part of the Summer, or fall of 1776 and returned home towards the next spring, and cannot tell the exact time we were on this expedition, but consider that it must at least be three months, and think it likely it might be more than three months - If I got any discharge I have lost it in moving from one part to another, and cannot tell what became of it. - And do not recollect that ever I received any pay for said Services. While at the Point I recollect there was Capt. Renon and Captain Alexander Hamilton, and I served a part of the time under Capt. Hamilton before I left the Station at the Point. After I returned home the Indians were still troublesome about Ellis's fort and Day's fort during the remainder of the British War and after it. And Captain Cook appointed me to range, or as Spy in Botetout County around the forts to discover if there was any Indian Sign in these parts, and under this appointment I acted during the remainder of the British War and sometime after it was over; - the Indians were not at War so as to keep the people forted all the time, but I consider that the times that I was acting as Indian Spy, in that time, would amount to about one year and six months but think that the time if all added together would be more than one year and six months that I was on duty as Indian Spy, in the Waters of Greenbrier River in Virginia.

Biagraphy- John Day b 1740

Served as an Ensign in the Revolutionary War. Served as an Indian Spy in that part of Botetourt Co. VA. Which is now Pocahontas Co. W. VA. Moved in 1785 to the part of Green Co. NC. which became Jefferson Co. TN. In 1833 he applied for a pension as a Rev. War Vet. His brother David and Mother were killed by Indians. His sister Sarah and Marth were captured by Indians and rescued. This all happened in Fredrick Co. VA. In 1756. The following is a direct quote from John Day's application for a Revoluti onary pension entered at Botetourt Co. Virginia (now Pocahontas Co., West Virginia).. This event took place July, 9 1833: "The Shawnee Indians had come to Botetout Co. in the state of VA killed my brother David Day and taken my mother and two sisters, Sally Day a nd Martha Day, prisoners, and also took some other property and made for their towns, the first night the Indians camped on a mountain, between Ca pe Capen River and Cedar Creek and at that camp killed my Mother, Susan Day, (formerly Susan Wylie daughter of James Wylie) Captain Fry raised twenty men of which I was one. We followed said Indians, and when we ca me to the Indian camp, aforesaid, there lay my mother dead, and striped naked, her headskined, and we lifted her and laid her between two rocks a nd laid some rocks over her; and we followed on after the Indians, and t he second day came in sight of them at their camp,and I raised my gun to s hoot one of them, and just as I was about to draw trigger, I saw one of my sisters rise up right before the muzzle of my gun between me and the Indian: and I was so alarmed at seeing my sister rise before my gun that I involuntarily hollowed, which so alarmed the Indians that they broke and run,with all their might; And we got the prisoners, and what property the Indians left at the camp, and brought all safe to the fort." JOHN DAY married twice.

His first wife was POLLY SUSAN ; his second wife w as ESTHER (Drennin, or Berry -surname not established). There were 12 known children, order of birth and by which wife. we do not know. They were: John, , Jr.. Thomas, Jesse, , Jr., David. Joseph, Levi. Stephen. Mary, Nehemiah, Hannah, Elizabeth and Esther Mehettbelle. John and Polly Susan Day went to Carroll Co., Virginia. John was a fine ca binet maker. and there is still much furniture in Carroll and Greyson counties that he made. Serving as an Ensign in the AMERICAN REVOLUTION, he was an Indian spy in B OTETOURT CO., VA, that part having now become POCAHONTAS CO. , WEST VIRGIN IA. He was at DAY'S and ELLIS FORTS. In 1772, he moved to GREEN Co., N C, which is now JEFFERSON CO., TENNESSEE. where he died December 4, 183 3, at 92. On, July 9, 1833, JOHN DAY applied for a pension as a Revolutionary Veter an as having served 3 months in the fall and winter of 1776-1777, and 1 year and 3 months from 1777-1783 as an "Ensign and Indian Spy" under Capt s. Paxton and Cook. Col. Dickson and Gen. Henn at BOTETOURT CO.. wate rs of GREENERIER RIVER. In his sworn oath to this, along with his son John Day , Jr. His application and affidavit contain details of his fighting, the killing of his brother, David,and his mother. Susan Wylie,and the capture and rescue of his sisters. (below) JOHN DAY established a Fort in HAWKSBILL settlement. called "JOHN DAY'S FO RT". In 1766 it was known as FT. CUMBERLAND and in 1772, as KEGLEY'S FORT and again later as "PRICE'S FORT" -JOHN DAY. , Sr. died 12/4/ 1833 at 92 years. JEFFERSON CO., TENN" Moved to Jefferson Co. Tennessee from Green Co., North Carolina (VA before that) around 1785. SOURCE: September, 9,1959

from Genealogical Society "Church of Jesus Christ and the latter Day Saints"

John Day Sr.

JOHN DAY married twice. His first wife was POLLY SUSAN ; his second wife was ESTHER (Drennin, or Berry -surname not established). There were 12 known children, order of birth and by which wife. we do not know. They were: John, , Jr.. Thomas, Jesse, , Jr., David. Joseph, Levi. Stephen. Mary, Nehemiah, Hannah, Elizabeth and Esther Mehettbelle.
John and Polly Susan Day went to Carroll Co., VA. John was a fine cabinet maker. and there is still much furniture in Carroll and Greyson counties that he made.

History books and researchers have repeatedly stated that John's father Nathaniel died in 1754. They go on to state that Susan and her children then migrated to Virginia with her father. However there is a pay statement showing her husband, Nathaniel alive in 1757. Nathaniel Day received pay for service in the Company of William Preston in November 1757 along with Susan's son John Day. Thus the family migrated to Virginia together.
Serving as an Ensign in the AMERICAN REVOLUTION, he was an Indian spy in BOTETOURT CO., VA, that part having now become POCAHONTAS CO. , WEST VIRGINIA. He was at DAY'S and ELLIS FORTS.
In 1772, he moved to GREEN Co., NC, which is now JEFFERSON CO., TENNESSEE. where he died December 4, 1833, at 92.
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JOHN DAY established a Fort in HAWKSBILL settlement. called "JOHN DAY'S FORT". In 1766 it was known as FT. CUMBERLAND and in 1772, as KEGLEY'S FORT and again later as "PRICE'S FORT" -JOHN DAY. , Sr. died 12/4/ 1833 at 92 years. JEFFERSON CO., TENN"
Moved to Jefferson Co. Tennessee from Green Co., North Carolina (VA before that) around 1785.
This is a direct quote from John Day's application for a Revolutionary pension entered at Botetourt Co. VA (now Pocahontas Co., West VA).. This took place July, 9 1833 The event described below took place in 1756.
"The Shawnee Indians had come to Botetout Co. in the state of VA killed my brother David Day and taken my mother and two sisters, Sally Day and Martha Day, prisoners, and also took some other property and made for their towns, the first night the Indians camped on a mountain, between Cape Capen River and Cedar Creek and at that camp killed my Mother, Susan Day, (formerly Susan Wylie daughter of James Wylie) Captain Fry raised twenty men of which I was one. We followed said Indians, and when we came to the Indian camp, aforesaid, there lay my mother dead, and striped naked, her headskined, and we lifted her and laid her between two rocks and laid some rocks over her; and we followed on after the Indians, and the second day came in sight of them at their camp,and I raised my gun to shoot one of them, and just as I was about to draw trigger, I saw one of my sisters rise up right before the muzzle of my gun between me and the Indian: and I was so alarmed at seeing my sister rise before my gun that I involuntarily hollowed, which so alarmed the Indians that they broke and run,with all their might; And we got the prisoners, and what property the Indians left at the camp, and brought all safe to the fort."

"Our American Ancestors The Day, Hendricks and Poe Allied Lines" by Ruth Deverter 1963 page 561
****
Other References:
Title: Day Family web site Matthew and Christopher Day, Url: www.angelfire.com/pa/dayfamilies/bettystokes.html
Title: John Day's Rev War pension application, Record Type: Pension application, Name Of Person: John Day
Abbrev: John Day's Rev War pension app
Title: Day Researcher 2-1: Phillip Day, Sr, Series: 1, Volume: 2 Abbrev: Day Researcher 2-1
Author: Thomas Wier Davis Publication: Jan 1984
Title: Descendants of Christopher Day of Bucks County PA-- Abbrev: Descendants of Christopher Day
Author: Compiler: J Edward Day Publication:Private,1958?
Title: Sons of the American Revolution Revolutionary War Graves Register, Subject: Revolutionary War Graves
Abbrev: SAR War Graves Publication: Progeny Publishing, 1998
Title: Day Researcher 2-1: Phillip Day, Sr, Series: 1, Volume: 2
Abbrev: Day Researcher 2-1Author: Thomas Wier Davis
Publication: Jan 1984 Page: p. 13 citing "Roster and Soldiers, The Tennessee Society of the Daughters of the American Revolution 1894-1960. Compiled by Edythe Rucker Whitley, Published by TSDAR. page 551

Burial: Bent Creek Cemetery, , Jefferson County, Tennessee, USA
Note: just off Stage Coach Road in the Whitesburg Community of Hamblen Co., TN. Hamblen Co. was formed from Jefferson Co., TN in 1855
****

Genealogical Society "Church of Jesus Christ and the latter Day Saints" Notes can only be viewed by the owner and by those invited to the tree as an "Editor".

Indian Attack and Nathaniel Day

A HISTORY OF THE VALLEY OF VIRGINIA.

BY SAMUEL KERCHEVAL.

WINCHESTER: SAMUEL M. DAVIS. 1833.

Beginning on page 110.

Primary excerpt pages 112-113.

About the year 1758...

Probably the same year, several Indians attacked the house of a man named Bingaman, near the present site of Newmarket. Bingaman, who was remarkably stout and active, defended his family with great resolution and firmness, and laid two of the assailant's dead at his feet: they succeeded, however, in killing his wife and children, Bingaman escaping with several wounds, from which he finally recovered. The same party took Lewis Bingaman (a nephew of the one just spoken of,) a prisoner. He was a boy about 13 or 14 years old, grew up with the Indians, and became a man of distinction among them. About the same time, the Indians forcibly entered the house of Mr. Young, who resided on the farm now owned by William Smith, Esq. not more than a mile from Zane's old iron works, and killed several of his family. They took an infant, dashed its head against a rock, beat out its brains, and left it lying on the ground. Two of. Young's daughters, pretty well grown, were carried off prisoners. Lieutenant Samuel Fry raised a force of between 30 and 40 men, pursued, and came in sight of them, unobserved, at the Short mountain, near the Allegany. Fry's party prepared to fire; but unfortunately, one of the white girls stepping accidentally before their guns, the intention was frustrated, and Fry being discovered the next moment, he ordered his men to charge. This was no sooner done than the Indians broke and ran off, leaving their guns, prisoners and plunder: the two young females were thus rescued and brought safely home.

Another family in the same neighborhood, by the name of Day, were attacked, several killed, and two of the daughters taken off. A party of 18 or 20 whites pursued them. The girls; as they traveled through the mountains, expecting pursuit, took the precaution (unobserved by their captors) to tear off and frequently drop small scraps of white linen, as well as pluck off branches of bushes, and drop them as a trail, by. which means their friends could readily discover their route. A brother to the girls, a young man, was one of the pursuing party. The Indians were overtaken on the South Branch mountain; and as soon as seen, preparations were made to give them a. deadly fire. But the young Day, in his eagerness to avenge the death of **his father** and family, prematurely fired, killing the object of his aim, when the others precipitously fled, leaving everything behind them. They had cut off the girls' petticoats at the knees, in order that they should be able to make more speed in traveling. The girls were brought safe home.

Note: Both above accounts coincide with John Day's testimony. Combined with the Draper papers, this confirms that Nathaniel Day was still alive in 1758. The family story of Nathaniel's survival of the attack may still be true, though he may have died shortly after the attack...If the scalping exposed the skull bone, he might have died within a year or less.

Nathaniel did survive, he was listed in the first US Census of 1790, based on 1783-1785 tax records in Greenbrier County, Virginia. Additionally, he received a deed, probably from the Loyal Company, for 300 acres in 1769. Despite numerous reports of his death, he lived to be nearly 70 years old and did, in fact, survive being scalped. I now believe that despite the horrible circumstances of the attack on his family, John blamed his father for his mother's death. This is why John never mentioned him in his 1833 affidavit.

Date: about 1758

Place: Marlboro, Virginia, USA

Description: Accounts taken from interviews with the local residences of the Shenandoah Valley, near Winchester, VA prior to 1833.

Rev War Pension Application for John Day Sr.

John Day's Rev War pension app

Revolutionary War pension application: I hereby relinquish every claim whatever to a pension or annuity except the present, and declare that my name is not on the pension roll of the Agency of the State.

Quest. 1 - Where and in what year were you born? Ansr. - I was born the 30th day of June 1742 as I believe and in Bucks County, in Pennsylvania.

Quest. 2 - Have you any record of your age, and if so, where is it? Ansr. - My age is recorded in a big bible and here present.

Quest. 3 - Where were you living when you entered the Service; where have you lived since the revolutionary war, and where do you now live? Ansr.

- I lived in Botetout County in Virginia on the Waters of Greenbrier River when I volunteered into the Service, under Captain Paxton, And I lived in said County when I was appointed as Indian Spie under Captain Cook, and I lived still in that part during the Revolutionary War, and after that I moved to Jefferson County, Tennessee, about four years after Cornwallis was taken and have lived here ever since. It was first Green County and I now live in Jefferson County in the State of Tennessee and have lived in this County for more than forty years, or in what is now Jefferson County.

Quest. 4 - How were you called into Service; Were you drafted, did you volunteer, or were you a Substitute and if a Substitute for whom? Ansr. - I volunteered and went under Captain Paxton and went to the Point (Pleasant) against the Indians. - The Shawnee Indians.

Quest. 5 - State the names of some of the regular officers, who were with the troops where you served, such Continental and Militia Regiments as you can recollect, and the general circumstances of your Service.

Ansr. - The Shawnee Indians had come into Botetout County in the said State of Virginia and killed my brother David Day and taken my mother and two sisters Sally Day and Martha Day, prisoners, and also took some other property and made for their towns, the first night the Indians camped on a mountain, between Cape Capen River and Cedar Creek, and at that camp killed my mother Susan Day, (formerly Susan Wyley daughter of James Wyley as I understood). And Captain Fr raised twenty men, of which I was one. We followed said Indians, and when we came to the Indian camp aforesaid, there lay my mother dead, and stripped naked her head skinned; and we lifted her and laid her between two rocks and laid some rocks over her; And we followed on after the Indians, and the second day came in sight of them at their camp, and I raised my gun to shoot one of them, and just as I was about to draw trigger, I saw one of my sisters rise up right before the muzzle of my gun between me and the Indian; And I was so alarmed at seeing my sister rise before my gun that I involuntarily hollowed, which so alarmed the Indians that they broke and run, leaving the prisoners, and what they had at the camp, and run with all their might; And we got the prisoners, property the Indians left at the camp, and brought all safe to the fort. After this I volunteered as stated above, under Captain Paxton, and in Company with Captain Hall, Col. Dickson, and other officers not recollected - There was a large supply of Beeves took along for rations perhaps 150, and a number of pack horses. We marched slowly until we came to the Point; Here we met with Genl. Hann; Major McDonel, Capt. Arbuckle, and other officers not remembered. While at the Point one white man was killed and Four Indians. I cannot exactly tell when we left home on this Campaign as I have no papers to help my memory, but it was in warm weather and suppose it to be the latter part of the Summer, or fall of 1776 and returned home towards the next spring, and cannot tell the exact time we were on this expedition, but consider that it must at least be three months, and think it likely it might be more than three months - If I got any discharge I have lost it in moving from one part to another, and cannot tell what became of it. - And do not recollect that ever I received any pay for said Services. While at the Point I recollect there was Capt. Renon and Captain Alexander Hamilton, and I served a part of the time under Capt. Hamilton before I left the Station at the Point. After I returned home the Indians were still troublesome about Ellis's fort and Day's fort during the remainder of the British War and after it. And Captain Cook appointed me to range, or as Spy in Botetout County around the forts to discover if there was any Indian Sign in these parts, and under this appointment I acted during the remainder of the British War and sometime after it was over; - the Indians were not at War so as to keep the people forted all the time, but I consider that the times that I was acting as Indian Spy, in that time, would amount to about one year and six months but think that the time if all added together would be more than one year and six months that I was on duty as Indian Spy, in the Waters of Greenbrier River in Virginia.

While I was a Spy, John Bridges, and James Bridges were killed by Indians, scalped and stripped within a mile and a half of the Fort, and I was near falling into the hands of the Indians, while helping others escape from them. And in this time the Indians attacked Doneley's fort 23 miles from Day's fort, took five prisoners, and killed one man named Wenny Drennen, [Wenny (Smith), wife of Thomas Drennen-hps] the Indians got off with the prisoners. The Indians killed several other White persons at Donley's fort, killed a great many of the stock, and destroyed other property. The Indians would mostly leave that part in the fall, and the people would then move home out of the forts, and in the Spring the Indians would return and do mischief in the frontiers, and then the people would Fort. This was the common practice of the Indians during the British War; the Indians in them parts were so troublesome that as I understood the militia was left to guard the forts in them parts and not called to go to fight the British.

Quest. 6 - Did you ever receive a commission and if so by whom was it signed and what has become of it. Ansr. - I received an Ensigns Commission from the Committee of Safety for the Colony of Virginia dated at Williamsburgh in October the 11th day in the year 1775, signed by Edm. Pendelton, John Page, Thomas Lud; Lee, P. Carrington, Dudley Diggs, Js. Mercer which commission is now here present with the following entry on the back of it, 'At a Committee held for Botetout County, the 23rd day of March 1776, I do hereby certify that the within named John Day took the oath required by convention. (Signed) David May' And on the 24th day of June 1778 I took the oath of allegiance and fidelity, as directed by an act of General Assembly, Sworn to before Geo. Poage a Justice of the Peace at that time in Botetout County, which certificate is here present.

Quest. 7 - State the names of persons to whom you are known in your present neighborhood, and who can testify of your character for veracity, and good behavior, you services as a soldier of the revolution. Ansr. - The Rev. Elihu Millikan and John McFarland, Junr, are acquainted with me. Also the Rev. Ephram Moore -

John Day, Senr. Sworn and subscribed before me this ninth day of July A.D. 1833 - Thos. Snoddy, Justice of the Peace. We Ephram Moore a clergyman residing in the said County of Jefferson and State of Tennessee and John McFarland, Junr, residing in said County and State, hereby certify that we are well acquainted with John Day, Senr, who has subscribed and sworn to the above declaration, that we believe him to be ninety-one years of age, that he is reported and believed in the neighborhood where he lives to have been a soldier in the revolution, and that we concur in that opinion this 9th day of July 1833. (Signed) Ephram Moore, Clergyman, John McFarland, Jur. Sworn and subscribed to day and year aforesaid before me. Thomas Snoddy,Justice of the Peace.

Testimony by son John Jr:

John Day, Junior, being introduced to give evidence concerning the service of John Day, Senior, in time of the revolutionary war, being duly sworn on the holy evangalist of Almighty god saith on oath, saith that when he was a small boy he lived on the waters of Greenbrier River until John Day, Senior,moved from that County, which was in the year 1785, One Thousand Seven Hundred and Eighty-five, I recollect of his starting to go to the Point with a quantity of men that I understood was going there as militia volunteers, and my father, John Day, started to go with them, and I understood he was an Ensign in the Militia at that time; When he started the weather was not cold. I remember the time he came back, I think it was before the ground had got green in the spring. The weather was cold while he was gone, I do not

know exactly how long he was gone but from the best information I have I expect it must be three months, I thought it to be a long time, I think I was in my ninth year of my age when he came home which I consider to be in the forepart of the year 1777. When my father, John Day, Senior, returned and during the remainder of the British War, the Indians were frequently very troublesome about Ellis's Fort, Day's fort, Donley's fort in Botetout County, Virginia, and all the country round there. And said John Day, Senior, frequently went out as a spy under Captain Cook who was Captain at Ellis's Fort and he said John Day, Senior, served as a spy during the British War from the time he came home to the Point. And I have no doubt but his whole service as a spy would amount to one year and six months or more. During the time he was out as a spy Donley's fort was attacked by the Shawnee Indians (as I understood) at that fort two men was killed and one wounded, and killed the stock that was near the fort, I understood there was 350 Indians; and they rushed up to the fort - I understand there was nineteen Indians killed near the fort; and by 100 men coming to the assistance of the fort that night the Indians were driven off. Hugh McKeever was killed near Day's fort and his family taken prisoners, which they carried off, and it was about two years before any of the prisoners got back. John Bridges, and James Bridges was killed within about a mile and a half of Day's fort - and Henry Baker was killed about twelve miles from there and several others at different times were shot at. In the winter time we had peace but when warm weather would come in the spring the trouble with the Indians would again begin. They killed Wenny Drinnen, wife of Thomas Drinnen. Botetout County was divided and a new county laid off half Greenbrier County. This county after it was laid off, included Ellis's Fort and Day's fort. When John Day, Senior, moved from the waters of Greenbrier River he came to what is now Jefferson County in Tennessee, it was then Greene

County, North Carolina, and he has lived in what is now Jefferson County ever since, and is the same John Day, Senior, that has signed and sworn to the foregoing declaration in order to get the benefit of the Act of Congress of the 7th of June 1832.

I myself am about sixty-five years of age last January, and I believe John Day, Senior, to be ninety-one years of age, and that he served in the United States Service as he has stated in his declaration.

John Day, Junior

Sworn and subscribed this 9th day of July 1833 before me. Thos.

Snoddy Justice of the Peace. I, Thomas Snoddy, on of the Justices of the Peace for the said County of Jefferson, do certify that the said John Day, Senior, this age and inability is unable to attend Court, and therefore I have proceeded to take his deposition and declaration at the house where he resides which is not two miles from my house, and from his appearance, and the appearance of the writing containing his age in the Bible, I believe him to be ninety-one years of age. July the 9th 1833.

***Dora Alice Littlepage*

BIRTH 28 FEB 1886 • Hill County, Texas USA
DEATH 25 FEB 1953 • Denver, Arapahoe County, Colorado USA
maternal grandmother

Facts

Name
***Dora Alice Littlepage*

Gender
Female

Age 0 — **Birth**
28 Feb 1886 • Hill County, Texas USA

Age 17 — **Marriage**
23 Aug 1903 • Hamilton County, Texas USA
The couple married only once. They were married for 50 years and had seven children.

*****Arthur Edward Wood***
(1882–1957)

Age 24 — **Residence**
19 April 1910 • Justice Precinct 1, Hamilton, Texas USA
Dora lived with her husband Arthur age 27 born in Texas and was farming. Also in the same household are children Theo 5, Horce E 3, Dora L 1, and husbands brother Lon L 19 farm laborer, all born in Texas.

Age 34 — **Residence**
1920 • Justice Precinct 1, Scurry County, Texas USA
1920 Census - Wood Family - Father Arthur age 37 a farmer (General Farm). Mother Dora age 35 homemaker. Children Theo age 15, Horace age 13, Lavada age 10, Lillie age 09, AD age 07, Dovie age 05, Essie age 03. All born in Texas.

Age 44 — **Residence**
1930 • Precinct 2, Donley County, Texas USA
1830 Census - Wood Family - Father Arthur age 47 a Trader and Farm Operator. Mother Dora A age 44 a homemaker. Lavada age 21, Dovie age 16, Essie age 12, AD age 17. All born in Texas.

Age 54 — **Residence**
01 Apr 1940 • Snyder, Scurry County, Texas USA
1940 Census - By 1940 all Arthur and Dora's children were married or had moved out of the family home. The couple lived at 308 31st Street, Snyder, Texas. Arthur was a Trader in Stock (Cattle.)

Age 66 — **Death**
25 Feb 1953 • Denver, Arapahoe County, Colorado USA
Went into hospital for Gall Bladder Surgery and died of pneumonia.

Family

Parents

*****William Joseph Littlepage***
1848–1929

*****Sarah Jane Massey***
1851–1896

Spouse & Children

*****Arthur Edward Wood***
1882–1957

*****Theodore Arvel 'Theo' Wood**
1904–1986

*****Horace Edward Wood**
1906–1993

*****Dora Lavada Wood**
1909–1949

*****Lillie Aloren 'Lillie" Wood***
1910–1977

*****AD Wood**
1912–1992

*****Dovie Perlies Wood**
1914–1994

*****Essie Edith Wood**
1917–2010

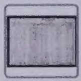
Sources

Ancestry Sources

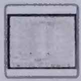
1900 United States Federal Census

1910 United States Federal Census

1920 United States Federal Census



1930 United States Federal Census



1940 United States Federal Census

Burial

1953 • Colorado Springs, El Paso County, Colorado, USA
Evergreen Cemetery, 1065 South Hancock Ave., Colorado Springs, Colorado, Died of Pneumonia after surgery for Gall Stones.

Description

Everyone said Dora Alice was the sweetest lady in the world. She had beautiful Alburn hair that turned grey in her late twenties. She hated grey hair so she dyed it red the rest of her life. She was tall for a woman in her generation 5 foot 3 or 4 inches.

Occupation

Dora was a midwife deliver at least two of her own grand daughters who were born in Clarendon, Donley County, Texas,

- Ancestry Family Trees
- Ancestry Family Trees
- Texas, Select County Marriage Index, 1837-1977
- U.S., Find A Grave Index, 1700s-Current
- U.S., Newspapers.com Marriage Index, 1800s-1999
- U.S., Newspapers.com Obituary Index, 1800s-current
- U.S., Social Security Applications and Claims Index, 1936-2007